Aster Wellness Centre

Suite #203 – 2550 Shaughnessy Street, Port Coquitlam, V3C 3G2
+1 604-474-2790
www.AsterWellness.ca

Please take a moment to fill out our intake form. Any information you provide is confidential and will only be accessible to Aster Wellness Centre.

Full Name: _____

Mailing Address: _____

Birthdate: Day____ Month_____ Year_____ Age today _____

Preferred Phone #: _____ ☐ Please do not leave voicemails on this line

Email: _____ ☐ Others have access to this email account

Family Doctor:_____ Tel:_____

Other Health-Care Professionals we should know about (Medical doctor, oncologist, etc)

1) _____ 2)_____ 3) _____

Your Emergency Contact: _____ Tel: _____

How did you hear about Aster? ❑ Other: _____

☐ Google ☐ Dr. Lee's website ☐ Aster Wellness' website ☐ Yelp

☐ Facebook ☐ Friend/colleague ☐ Medical referral ☐ Family

With my signature below, I acknowledge that I have read and understand the Client-Care Rights & Responsibilities Treatment Agreement, and that I agree with the terms described.

Client Signature: 1)_____ Date: _____

Parent/Guardian signature if under 18 _____

Aster Wellness practitioner: _____ Date: _____

Dr. Vanessa Lee BSc, N.D.
Naturopathic Doctor

Name: _____ **Birthdate:** _____/_____/_____ (d/m/y)

Goals

What are your main health concerns, in order of importance to you?

1. _____
2. _____
3. _____

Occupation _____

Do you exercise regularly ☐ Y ☐ N Type of exercise _____ how often _____

Are you exposed to significant tobacco smoke (work, home, etc.) ☐ Y ☐ N

Are you regularly exposed to toxins/hazards at work, home, hobbies, etc.? Please describe.

_____

Medical history

How is your health in general? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please indicate any serious conditions, illnesses, injuries, and hospitalizations, along with dates.

_____

_____

Do you have allergies (drugs, food or environmental)?

_____

_____

List food allergies/intolerances/restrictions (religious, vegetarian/vegan, health-related, etc.)?

_____

Current medications/supplements (prescription, over-the-counter, vitamins, herbs, chemo…)

_____

_____

Conditions in your close family (e.g. cancer, diabetes, heart disease, mental illness, etc):

_____

_____

☐ I don't know my family medical history

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Do you frequently use any of the following? (circle)

Alcohol: _____ per day or _____ per week Tobacco: _____ per day

Recreational drugs: what and how often _____

Have you ever had bad reactions to immunization shots? Y N or to antibiotics? Y N

Do you get regular screening tests from another doctor? (Pap, blood tests, etc.)? Y N

Females: Are you currently pregnant? Y N Are you planning to get pregnant Y N

Review of Systems (Please circle any of the following issues that apply to you)

Skin	Rashes	Eczema	Acne	Itching	Color / mole chan	Skin cancer
Head	Headaches	Head inju	Dizziness			
Eyes	Glasses / contacts	Pain	Tearing / Dryness	Double vision	Glaucoma Cataracts	Allergies
Ears	Impaired heari	Earache	Discharge	Freq. infections		
Nose & sinuses	Frequent colds	Nose blee	Sinus problems	Allergies		
Mouth & Throat	Frequent sore throats	Sores	Hoarseness	Loss of taste	Gum problems	
Neck	Lumps	Goiter	Swollen gland	Pain	Stiffness	
Lungs	Emphysema	Cough	Spit up bloo	Wheezin	Pneumonia	Asthma
	Shortness of breath	Shortness of breath lying down	Pain on breathing	Bronchitis	Tuberculosis	
Heart	Heart disease	Angina	High blood pressure	Murmur	Chest pain	Cyanosis
	Swelling in ankles	Palpitation				
Extremities	Deep leg pain	Cold hands/fee	Varicose Ve	Numbne	Coldness	Swelling
	Leg cramps	Ulcers				
Blood & Lymphatics	Anemia Transfusions?	Low platelets	Low WBC	Easy bleeding	Swollen nodes	Low Mag
Digestion	Trouble swallowing	Food allergies	Change in Thirst	Change in Appetite	Vomiting	Vomiting Blood
	Nausea	Heartburn	Gas	Hernia	Ulcers	Pain

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	Constipation ☐	Diarrhea ☐	Blood in stools ☐	Rectal Bleed ☐	Hemorrhoids ☐	
Urinary	Pain ☐	Increased frequency ☐	Frequency at night ☐	Frequent infections ☐	Kidney stones ☐	Blood in urine ☐
	Urgency ☐	Hesitancy ☐	Inability to hold urine ☐			
Male reproductive	Hernia ☐	Testicular mass/pain ☐	Veneral diseases ☐	Discharges or sores ☐	Sexual difficulties ☐	

Female reproductive			
Age menses began		Number of pregnancies	
Average number of days of bleeding		Number of live births	
Length of cycle		Number of miscarriages	
Last menstrual period		Number of abortions	
Bleeding between periods	☐	Painful menses	☐
Are cycles regular	☐ Y ☐ N	Excessive flow	☐
Pain during intercourse	☐ Y ☐ N	PMS	☐
Difficulty conceiving	☐	Vaginal discharge	☐
Sexual difficulties	☐	Vaginal itching	☐
Venereal Disease	☐	Date of last PAP	
Are you sexually active?	☐ Y ☐ N	Type of birth control?	
Do you do self- breast exams regularly?	☐ Y ☐ N	Breast pain/ tenderness	☐
Breast lumps	☐	Nipple discharge	☐

Muscles & Joints	Joint pain or stiffness ☐	Arthritis ☐	Spasms / cramps ☐	Weakness ☐	Joint swelling ☐	Backache ☐
Neurologic	Fainting ☐	Seizures / Convulsion ☐	Paralysis ☐	Muscle weakness ☐	Numbness or tingling ☐	Loss of memory ☐
	Involuntary movement ☐	Loss of balance ☐	Speech problems ☐			
Endocrine	Heat or cold intolerance ☐	Thyroid trouble ☐	Excessive thirst ☐	Excessive hunger ☐	Excessive urination ☐	Excessive sweating ☐
	Diabetes ☐	Hypo-glycemi ☐	Hormone therapy ☐			
Emotional	Alcohol / Drug abuse ☐	Mood swings ☐	Anxiety or nervousness ☐	Tension ☐	Depression ☐	Insomnia ☐

Hobbies & Habits			
Do you eat three meals daily?	☐ Y ☐ N	Do you take vacations?	☐ Y ☐ N
Do you awake rested?	☐ Y ☐ N	Do you enjoy your work?	☐ Y ☐ N
Do you sleep well?	☐ Y ☐ N	Do you read?	☐ Y ☐ N
Do you average 6-8 hours sleep?	☐ Y ☐ N	How much TV do you watch?	

Thank you for taking the time to complete this form.

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Client-Care Rights & Responsibilities Treatment Agreement

Confidentiality & Consultation

Personal information that you discuss with your Aster Wellness Centre practitioner is confidential. No identifying information will be released to any third party without your prior authorization. To ensure you receive the best care possible, supervision/consultation on your case with identifying details removed may occasionally be sought with other registered practitioners affiliated with Aster Wellness Centre.

While the details of your consultation are held in strict confidence, there are instances where we as health & wellness practitioners are legally required to release your personal information. Specifically, if you reveal information that indicates a clear and immediate danger of harm to yourself or others, or that a child or a vulnerable adult is in need of protection, the practitioner will need to contact the appropriate authorities. Additionally, practitioners that you work with here at Aster Wellness Centre are required to release records if mandated by a court order.

Client Rights

You may inquire about the qualifications and background of the practitioner as related to the practice of the service you are receiving. At any time, you may discuss these points with your consultant, and if requested, a referral can be made to another consultant or clinic if necessary.

Responsibility

Your participation in the consultation process can be enhanced with additional efforts on your part made between sessions. These efforts may include thinking about the material covered in the sessions, monitoring the behaviours you are trying to change, or working on specific skills learned in session. While exercises and activities may be suggested in session, they are not mandatory. We encourage you to discuss any suggestions made by your consultant and to work at your own pace.

Missed Appointments

Payment after your consultation session is required via credit card/cash/cheque before departing the Aster Wellness Centre. Your session is a reserved appointment time that belongs just to you, and so it is important that you attend all sessions that you schedule to **avoid paying in full for a missed session**. If you are unable to attend your session for any reason, please cancel via email or voicemail at least 24 hours before your session.

If cancellation is received after this deadline, or you miss the appointment entirely, **the entire amount of the session will be charged.**

Risks and Benefits

Naturopathic medicine is the treatment and prevention of diseases by natural means, which are used to stimulate the body's inherent healing capacity. Naturopaths assess the whole person, including physical, mental, emotional and spiritual aspects of the individual. Your visit may consist of a thorough case history and a screening physical examination, including a breast exam for females. It is important that we are informed of any diseases that you are suffering from and if you are on any

medication or over the counter drugs. If you are pregnant, suspect you are pregnant or are breast-feeding, please let us know immediately.

There are some slight health risks to treatment by naturopathic medicine. These include but are not limited to: aggravation of pre-existing symptoms; allergic reactions to supplements or herbs; pain, bruising or injury from acupuncture or cupping; fainting or puncturing of an organ with acupuncture needles. Results are not guaranteed and not all risks and complications can be anticipated and explained.

There are both risks and benefits to participating in wellness practices, consultation, therapies or psychological consultation of any sort. Some of the therapies provided may trigger old memories; you may remember unpleasant events and experience strong and/or unanticipated feelings. Benefits of the consultation may include an increased ability to live more effectively in life areas such as interpersonal relationships, career, goals and personal development. You may also experience greater self-awareness, self-esteem and lessened distresses like anxiety and anger.

Naturopathic Session Fees and Format:

Individual sessions are priced as follows, and require immediate payment.

- Initial consultation - $185 (60 minutes)
- Oncology Initial Consultation - $235 (75 minutes)
- Second visit - $140 (45 minutes)
- Follow-up consultations - $185/60min, $140/45min, $100/30min, $60/15min.
- Acupuncture-only or Reiki-only follow-up visits: $80 (30 min)
- Acupuncture-only or Reiki-only package: $450 for 6 prepaid 30-minute sessions
- Facial Rejuvenation Acupuncture package: $140 (45 min) per session, $800 for 6 prepaid sessions
- Phone consults: billed as above

The time required for each session goes well beyond the face-to-face contact that you and your practitioner will share. Case notes, treatment development, research and consultation requires a great deal of time to develop appropriate understanding of your specific concerns or issues.

A copy of this document should be provided to you for your records. At any time, feel free to discuss these points over the course of your sessions.

We look forward to working with you. If you have any other questions or concerns, please don't hesitate to let us know!

Please keep this copy for your records, and acknowledge the content described by signing our consent form.

Sincerely,

Dr. Vanessa Lee, BSc, N.D.

_____ _____

Patient Signature Today's date

Credit Card Information:

Aster Wellness Centre requires credit card info to be stored on file in the event of a missed appointment, or if you wish to direct-bill. This information is confidential and will be stored securely along with any client files. If the credit card info changes or expires, you are required to update Aster Wellness Centre with new credit card details.

Credit card Type:

(please circle)

VISA ☐ MasterCard ☐ American Express ☐

Name as shown on card: _____

Credit card #: _____ _____ _____ _____

Expiry Date: _____

3-digit security @ back of card: __ __ __

Postal code of billing address: __ __ __ __ __ __

24 hours notice is required to cancel or change an appointment time. If sufficient notice is not provided, the entire amount of the session price will be charged to this credit card.

I agree to these terms:

Card-Holder Signature: _____