

Dr. Jenn South ND
 (519) 788-5366 • jsouthnd@gmail.com • jennsouthnd.com
 Meyers Chiropractic (519) 537-7058

All information contained on this form is confidential and will not be released unless authorized by you to do so.

Name:	
Street Address:	City:
Province:	Postal Code:
Phone: (home)	(Cell)
Email Address:	
Gender Identification:	Date of Birth:
Occupation:	Marital Status:
Emergency Contact:	Phone:
Family Doctor:	Phone:
Allergies:	

Health Concerns:

Please list your health concerns in order of importance:

What prescription drugs are you taking?

Prescription Drug	Dosage	When did you start taking this medication?

What supplements are you taking?

Supplement	Dosage	How long have you been taking this supplement?

When was the last time you were prescribed antibiotics?

Please list any over the counter medications you have taken in the past year:

--

Family History

Please indicate any significant diseases suffered by family members such as diabetes, cancer, heart disease, blood pressure, high cholesterol, depression, asthma, allergies, or arthritis.

Family Member	Disease Suffered/Cause of Death
Mother	
Father	
Sibling(s)	
Maternal Grandmother	
Maternal Grandfather	
Paternal Grandmother	
Paternal Grandfather	
Other	

Medical History

Please list any major surgeries or injuries:

Please list any major illnesses or diseases that you have experienced:

Personal Habits & Lifestyle:

Do you smoke cigarettes? Y N If so, how many per day? _____

Do you use recreational drugs? Y N If so, what type? _____

Do you drink alcohol? Y N If so, how many drinks per week? _____

Informed Consent Statement

THIS FORM MUST BE SIGNED BEFORE ANY TREATMENT WILL BE RENDERED

Naturopathic medicine uses non-invasive methods of assessing bodily functions and emotional health using natural therapeutics to treat the root of disease. The methods used by Dr. Jenn South, ND include botanical medicine, traditional Chinese medicine and acupuncture, clinical nutrition, homeopathy, counseling, and various modes of physical medicine. In order to clarify my position as your health care practitioner, and our mutual responsibilities in your health care, I, Jenn South, ND, ask for your cooperation in signing this statement of acknowledgement, in so doing:

1. That you understand that I am a Naturopathic Doctor, and not a conventional medical doctor, that I use non-invasive, natural methods as assessment of overall general health. That any treatment you receive is not mutually exclusive from any treatment or advice you may now be receiving or may receive in the future from another licensed health care provider.
2. That you understand the methods that I may use have proven clinical foundation, yet may not be accepted by standard allopathic medicine.
3. That you understand that I am required by my licensing board to perform a physical exam on each new patient. This will be adhered to unless a full report is sent by the referring practitioner and that report is deemed acceptable.
4. That you understand that treatment and/or referral to other health practitioners is based on the assessment of your health revealed through your personal history, physical exam, lab testing and other appropriate methods of evaluation. You are at liberty to seek or continue medical care from a physician or surgeon or other health care provider qualified to practice in Ontario.
5. That you understand I reserve the right to determine which cases fall outside my scope of practice, in which event the appropriate referral will be recommended.
6. That you understand that failure to follow sound nutritional advice, exercise, and lifestyle programs could undermine the expected results.
7. That you understand that you are accepting and rejecting this care of your own free will.
8. That you understand that all fees are to be paid for at the time of the appointment by the patient or guardian. There is a fee for completing insurance forms, letter writing and telephone consultation. Notice of 24 hours (in person or by telephone-NO email please) is required for appointment cancellation; otherwise you will be charged a \$50.00 administrative fee.
9. That you understand that all personal information collected will be protected and not disclosed, except under the rare exceptions to these commitments.

I, _____ have read, understood and acknowledged that above statements.

Signature: _____ Date: _____