



Dr. Alex Dragan ND

Adult Naturopathic/Acupuncture

Intake Form

Personal Information		
Name:	Date:	Gender: Preferred pronoun:
Email:	Age:	DOB:
	Weight:	Height:
Home phone: Cell phone: Work phone:	Address:	
Occupation:	Marital status:	
Emergency contact name: Phone number: Relationship to you:		
Primary care physician (family doctor): Phone number:		
How did you hear about Dr. Alex Dragan ND?		

Health concerns:

Please list your top 3 health concerns in order of importance.

1. _____
2. _____
3. _____

Have you seen anyone for the above concerns? If so, which ones?

What is your goal in seeing a Naturopathic Doctor?

Please list all pharmaceuticals you are currently taking and for what reason.

Drug	Dose	Duration	Reason for taking

Please list all nutritional supplements you are currently taking and for what reason.

Supplement	Dose	Duration	Reason for taking

Medical history

Please list any hospitalizations, surgeries or illnesses you have had or have currently.

Hospitalizations	
Surgeries	
Illnesses (past and current)	

Do you have any **allergies** to drugs, food or environment?

Allergy	Reaction

Digestive health

How frequently do you have a bowel movement? _____

Do you experience any of the following:

<input type="checkbox"/> Loose stools <input type="checkbox"/> Diarrhea <input type="checkbox"/> Hard stools <input type="checkbox"/> Difficult passing	<input type="checkbox"/> Mucous in stools <input type="checkbox"/> Gas <input type="checkbox"/> Heartburn <input type="checkbox"/> Bloating	<input type="checkbox"/> Blood in stools <input type="checkbox"/> Undigested food in stools <input type="checkbox"/> Constipation <input type="checkbox"/> Abdominal pain
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Medical history: Please check all that apply for the past 12 months

General

- Fatigue
- Appetite change
- Thirst change
- Cravings
- Weight gain
- Weight loss
- Poor sleep
- Fever/chills
- Night sweats
- Sweat easily
- Allergies
- Cancer
- Diabetes

Skin and hair

- Dryness
- Rash
- Itching
- Eczema
- Psoriasis
- Acne
- Moles
- Allergic reaction
- Loss of hair
- Hair thinning
- Dandruff

Eyes, ears, nose, throat

- Eye pain
- Eye strain
- Blurry vision
- Impaired vision
- Cataracts
- Ear aches
- Ear infections
- Ringing in ears
- Vertigo/dizziness
- Sinus infections
- Nasal obstruction
- Post nasal drip
- Loss of smell/taste
- Tonsillitis
- Sores in mouth
- Mercury fillings
- Jaw pain
- Recurrent sore throat
- Enlarged glands
- Enlarged thyroid
- Facial pain
- Headaches

Cardiovascular

- Chest pain
- Palpitations
- High blood pressure
- Low blood pressure
- Heart attack
- Congestive heart failure
- Irregular heartbeat
- Pacemaker
- Artificial heart valve
- Fainting
- Varicose veins
- Deep leg pain
- Cold hands or feet
- Anemia
- Easy Bruising

Respiratory

- Difficulty breathing
- Chronic cough
- Bronchitis
- Emphysema
- Asthma
- Wheezing
- Coughing blood
- Phlegm in throat

Muscle, bone and joints

- Neck pain
- Back pain
- Arthritis
- Bursitis
- Joint pain or stiffness
- Artificial joint
- Muscle pain
- Muscle weakness

Gastrointestinal

- Nausea/vomiting
- Vomiting blood
- Reflux or heartburn
- Constant hunger
- Ulcer
- Gallstones
- Constipation
- Diarrhea
- Chronic laxative use
- Rectal burning/pain
- Hemorrhoids
- Blood in stool

Neurological

- Anxiety
- Depression
- Irritability
- Emotional problems
- Loss of balance
- Poor memory
- Dizziness
- Seizures/epilepsy
- Concussion
- Lack of coordination
- Extremity numbness
- Extremity tingling
- Paralysis

Infections

- Strep throat
- Mononucleosis
- Tuberculosis
- Hepatitis
- HIV/AIDS

Urinary

- Frequent urination
- Urgency
- Incontinence
- Pain on urination
- Night urination
- UTI
- Blood in urine
- Kidney stones

Female reproductive

Age of first menses? _____

How long is your cycle? _____

Do you experience PMS?

- Pain or cramps
- Mood swings
- Bloating
- Breast tenderness
- Cravings
- Headaches

Date of last PAP? _____

Any abnormal PAPs? _____

Are you sexually active? _____

Form of contraception? _____

History of STIs? _____

Are you menopausal? _____

Do you experience any of the following?

- Hot flashes
- Low libido
- Disrupted sleep
- Pain during intercourse
- Vaginal dryness
- Vaginal itching

Are you pregnant? _____

Are you breastfeeding? _____

Are you planning to become pregnant? _____

Male reproductive

Do any of these apply to you?

- Testicular pain
- Low libido
- Sores on genitals
- Infertility
- Hernia
- Prostate condition
- Discharge
- History of STIs

Are you sexually active? _____

Form of contraception? _____

Family history

Please list any relevant family medical history.

Parents	Siblings	Maternal grandparents	Paternal Grandparents

Social history

On a scale of 0-10 how would you rate the following?

Stress: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Energy: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Appetite: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Sleep: (poor) 0 1 2 3 4 5 6 7 8 9 10 (restful)

How many hours of sleep do you get per night? _____

Do you fall asleep easily? _____

Do you feel refreshed upon waking? _____

Do you exercise? _____

How often? _____

Do you smoke tobacco? _____ If yes, how much? _____

Do you use cannabis? _____ If yes, how much? _____

Do you drink alcohol? _____ If yes, how much? _____

Do you use recreational drugs? _____ How often? _____

Diet recall: recall your food from the past 24 hours

Breakfast	Lunch	Dinner	Snack/drinks

General medicine consent:

Dr. Alexandra Dragan ND has been educated and trained in an accredited 4-year naturopathic medical college and is licensed and regulated by the College of Naturopathic Doctors of British Columbia (CNPBC). NDs address acute and chronic illness with the use of gentle, minimally-invasive treatments to help support their patient's inherent self-healing processes. NDs take a thorough medical history and can suggest specific diagnostic testing, if it is deemed necessary, to help identify underlying causes of illness and develop personalized treatment plans to address them. Basic medical lab testing (lifelabs) is not covered by MSP if ordered by an ND in British Columbia.

I understand that naturopathic health care is a joint responsibility between myself (the patient) and the practitioner. Improving my lifestyle can be as important as the therapies and treatments provided by the clinic. I am willing to be an active participant in my wellness.

It is imperative that you inform Dr. Alexandra Dragan ND immediately of any known or suspected allergies, medications you are taking (prescribed or over-the-counter), and any diagnoses you have received from other licensed health care providers.

Please advise Dr. Alexandra Dragan ND if you are pregnant, trying to get pregnant or if you are breast-feeding.

Naturopathic medicine, like other medical therapies, has limitations and may not be effective for all conditions. Dr. Alexandra Dragan ND will explain procedures, probably outcomes and risks associated with treatments. Due to individual responses to therapies, it is not possible to anticipate all possible outcomes for each individual person.

Minor risks that can be associated with Naturopathic treatments include but are not limited to:

- I) allergic reactions to certain supplements and herbs
- II) pain, bruising and/or injury from acupuncture, parenteral therapies and/or cupping
- III) fainting or puncturing of an organ with acupuncture needles
- IV) pain, bruising, injuries to soft tissue/joint/bone from physical medicine
- V) aggravation of symptoms
- VI) unforeseen interactions between herbs, supplements and over the counter medications

I am free to withdraw my consent and discontinue treatment at any time.

I do not choose any method of treatment over another. Dr. Alexandra Dragan ND welcomes collaboration between MDs, DCs, RMTs, DTCMs, DOs, acupuncturists and other practitioners. Deciding to discontinue any prescribed medication (pharmaceutical or other) is solely my responsibility and should be done in consultation with my MD or prescribing physician. Supplements that are prescribed by Dr. Alexandra Dragan ND can be purchased at any location. There is no obligation to buy any supplement directly from her or from Healing Cedar Wellness.

I have read and consent to the General Medical Consent above: _____
(Signature: Patient or Guardian)

Naturopathic Consent

I authorize any of the following treatments to be performed by Dr. Alexandra Dragan ND if deemed necessary for my condition and well being.

General Diagnostic Procedures (including but not limited to venipuncture, pap smears, radiography, and blood and urine lab work, general physical exams, neurological and musculoskeletal assessments)

Lifestyle modifications including but not limited to diet changes, exercise prescriptions, lifestyle counselling

Botanical medicine: prescription of herbs, in the form of tinctures (contain alcohol), teas, whole herbs, powders, pills or topical applications.

Homeopathic remedies: ultra dilute concentrations of herbs, minerals and animals may be used as part of your treatment.

Soft tissue and osseous manipulation: manipulation of the spine and extremity joints, massage, cupping may be performed.

Acupuncture: insertion of packaged and sterilized needles through the dermis into underlying muscle and tissue in certain areas of the body

Electromagnetic and Thermal Therapies: low and high volt electrical muscle stimulation, electroacupuncture transcutaneous electrical stimulation, and infrared and ultraviolet therapies or moxa (warming or indirect burning of an acupuncture point) and hydrotherapies.

Vitamin Injection Therapies: Intramuscular (IM) and Intravenous (IV) injections containing vitamins, minerals, amino acids and other extracts (herbal extracts) to support detoxification organs, the immune systems and treat nutrient deficiencies.

Prescriptive Medicines: In 2010, the BC government granted NDs prescriptive authority. Dr. Alexandra Dragan ND holds her prescription rights certification in good standing and may choose to prescribe if necessary.

Payment Policy

Payments for Naturopathic Services are NOT covered under the Medical Service Plan (MSP). Naturopathic Services may be covered under extended medical plans. The receipt you receive can be used to obtain reimbursement from your insurance company if they cover Naturopathic Services. Payment is due when services are rendered.

Naturopathic Services Offered:

Initial visit	60 min	185\$
Follow up visit	60 min	185\$
Follow up visit	45 min	135\$
Follow up visit	30 min	98\$
Follow up visit	15 min	60\$
Acupuncture follow up	45 min	98\$
IV drip	30 min	104-144\$
IV push	15 min	79\$
B12 injection	15 min	30\$

Any diagnostic testing or supplement prescriptions are at an extra cost. You will be informed of the cost prior to implementation and have the right to refuse purchase.

Emergency Service Policy

Dr. Alexandra Dragan ND does not provide emergency services. If you are in need of immediate medical attention, please call 911 or go to your nearest emergency room.

Cancellation Policy

All consultations are subject to a 24 hour cancellation policy. If a consultation is cancelled with less than 24 hours notice, the full appointment fee will be charged to you, the patient. Patients who are more than 15 minutes late for their appointment will be considered as a missed appointment.

I have read and consent to the payment, cancellation and emergency policy: _____
(Signature: patient or guardian)

Privacy Policy

Dr. Alexandra Dragan ND abides by strict confidentiality laws. An electronic medical charting software that is encrypted is used to store your personal information including your medical chart. Only Dr. Alexandra Dragan ND has access to your medical chart. If Dr. Alexandra Dragan ND is unable to provide care to you, a substitute will be allowed access to your chart for the purpose of providing you with the appropriate care and medical advice.

I have read the above and consent to treatment by Dr. Alexandra Dragan ND:

(Signature: patient or guardian)

(Full name printed)

(Date of consent)

