



# Dr. Alex Dragan ND

## Child Naturopathic Intake Form

Personal Information		
Child's name:	Date:	Gender: Preferred pronoun:
Parent/Guardian:	Age:	DOB:
Email:	Weight:	Height:
Home phone: Cell phone:	Address:	
Emergency contact name: Phone number: Relationship to child:		
Primary care physician (family doctor): Phone number:		

### **Health concerns:**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Please list all pharmaceuticals and supplements your child is currently taking and for what reason.

Drug/Supplement	Dose	Duration	Reason for taking

**Medical history**

Please list any hospitalizations, surgeries or illnesses your child has had or has currently.

Hospitalizations	
Surgeries	
Illnesses (past and current)	

Does your child have any **allergies** to drugs, food or environment?

Allergy	Reaction

Has your child experienced any of the following?

<input type="checkbox"/> Rubella <input type="checkbox"/> Mumps <input type="checkbox"/> Measles <input type="checkbox"/> Chickenpox <input type="checkbox"/> Whooping cough <input type="checkbox"/> Scarlet fever <input type="checkbox"/> Polio <input type="checkbox"/> Rheumatic fever <input type="checkbox"/> Colic <input type="checkbox"/> Stomach aches <input type="checkbox"/> Hives <input type="checkbox"/> Rashes	<input type="checkbox"/> Diaper rash <input type="checkbox"/> Cradle cap <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> High fever <input type="checkbox"/> Bedwetting <input type="checkbox"/> Strep throat <input type="checkbox"/> Frequent colds <input type="checkbox"/> Sleep issues <input type="checkbox"/> Headaches <input type="checkbox"/> Ear infections <input type="checkbox"/> Eczema
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Vaccination history: please check the vaccines that your child has received

<input type="checkbox"/> DPT <input type="checkbox"/> MMR <input type="checkbox"/> Chicken pox <input type="checkbox"/> Polio	<input type="checkbox"/> Flu shot <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> Other: _____
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Did or does your child experience adverse reactions from vaccination?

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**Allergies:**

Please list all allergies or sensitivities your child has and the reaction

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**Family history**

Please list any relevant family medical history.

Parents	Siblings	Maternal grandparents	Paternal Grandparents

**Parent history**

Mother's age at time of child's birth: \_\_\_\_\_

Father's age at time of child's birth: \_\_\_\_\_

Did the mother experience any of the following during pregnancy?

- Bleeding
- Vomiting/nausea
- High blood pressure
- Gestational diabetes
- Anemia
- Thyroid issues
- Physical/emotional trauma

Did the mother use any of the following during pregnancy?

- Tobacco
- Alcohol
- Recreational drugs
- Prescription medication: \_\_\_\_\_
- Over the counter medication: \_\_\_\_\_
- Supplements: \_\_\_\_\_

**Birth history**

Term length: \_\_\_\_\_

Type of birth: \_\_\_\_\_

Interventions:

- Epidural
- Induction
- Forceps use
- Episiotomy

Were there any complications during birth? \_\_\_\_\_

Did your child experience any of the following after birth?

- Jaundice
- Birth defects
- Birth injuries
- Rashes
- Seizures
- Infections
- Difficulty with feeding

**Developmental history**

At what age did your child start:

Teething: \_\_\_\_\_

Sit up: \_\_\_\_\_

Crawling: \_\_\_\_\_

Walking: \_\_\_\_\_

Talking: \_\_\_\_\_

**Nutritional history**

Was your child breastfed? \_\_\_\_\_

Until what age? \_\_\_\_\_

What type of formula was used? (cow, soy, rice, etc) \_\_\_\_\_

How did your child react to breast milk or formula?

What foods were introduced from 6 months onward? Any adverse reactions?

Typical food intake:

Breakfast	Lunch	Supper	Snacks/drinks

Please describe your child's typical sleep pattern:

**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:

Pediatric initial visit	60 min	165\$
Follow up visit	60 min	165\$
Follow up visit	45 min	120\$
Follow up visit	30 min	95\$
Follow up visit	15 min	60\$

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)

\_\_\_\_\_  
(Child's name printed)

\_\_\_\_\_  
(Date of consent)