



Adult Patient Information			
Name: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> (First) (Middle) (Last) </div>			
Other Healthcare Providers			
Medical Doctor:	Location:	Permission to contact? (Y/N)	Date of last visit:
Specialist:	Location:	Permission to contact? (Y/N)	Date of last visit:
Specialist:	Location:	Permission to contact? (Y/N)	Date of last visit:
Clinic Information			
How did you hear about Dr. James Yoon, ND?			
If you were referred by another patient of the ND, who referred you?			
Context of Care Review			
As a naturopathic doctor, I believe comprehensive and effective healthcare is only possible when a doctor has a complete understanding of the patient on a physical, mental, and emotional level. The responses you provide to the following questions will assist me in understanding your health care needs and goals. Your time, thoughtfulness and honesty in completing this form is appreciated, and will provide me with great insight in order to help you feel better, sooner!			
Have you been to a naturopathic doctor before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Concerns			
What are your most important health concerns? Please list as many as you have in order of importance			
1.	6.		
2.	7.		
3.	8.		
4.	9.		
5.	10.		



Medications and Supplements

Please list any prescription medications, over-the-counter medications, vitamins, or other supplements you are taking **with dosage and frequency**.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

Allergies and Sensitivities (please list)

1.	4.
2.	5.
3.	6.

Context of Care Review

What 3 expectations do you have from *your first* visit?

1. _____
2. _____
3. _____

Family History

Do you or anyone in your family have a history of any of the following? Please check and indicate who.

M = Mother, F = Father, GM = Grandmother, GF = Grandfather, S = Sister, B = Brother, C = Child

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eczema | <input type="checkbox"/> Hives | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Autoimmune disease | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Psoriasis | |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease | | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> High Blood Pressure | | |

What is your family heritage?



Personal Medical History			
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hives	<input type="checkbox"/> Sinusitis
<input type="checkbox"/> Allergies	<input type="checkbox"/> Eczema	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Skin Problems
<input type="checkbox"/> Anemia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Liver Problems	<input type="checkbox"/> Stroke
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Female Reproductive Problems	<input type="checkbox"/> Malaria	<input type="checkbox"/> Suicidality
<input type="checkbox"/> Asthma	<input type="checkbox"/> Gallstones	<input type="checkbox"/> Measles	<input type="checkbox"/> Thyroid Problems
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Gout	<input type="checkbox"/> Migraines	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Back, Muscle, Joint Pain	<input type="checkbox"/> Gum/Teeth Problems	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Ulcers
<input type="checkbox"/> Bladder/Urinary Problems	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mumps	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Overweight	
<input type="checkbox"/> Candida	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Pleurisy	
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Psychological Problems	
<input type="checkbox"/> Depression	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Rubella	
<p>Do you get regular SCREENING tests done by another doctor? (PAP, blood work, breast exams, colonoscopy etc.)</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Personal Health Habits			
Please describe your typical daily diet, including beverages:			
Breakfast:	Lunch:	Dinner:	Snacks:
<p>Do you, or have you ever been a smoker?</p> <p>If so, how many packs per day?</p> <p>How long have you, or did you smoke?</p>		<p>Do you consume alcohol?</p> <p>How many alcoholic beverages per week (on average)?</p>	



Dr. James Yoon, ND
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Consent to Treatment of Naturopathic Medicine
This form must be signed prior to your first appointment

Naturopathic medicine is the treatment and prevention of disease by natural means. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Dr. James Yoon, ND will take a thorough case history, perform a focused physical examination and complete laboratory testing, if necessary.

It is very important that you inform Dr. James Yoon, ND immediately of any disease process that you are suffering from and any medications/other-the-counter medications that you are taking. Please advise Dr. James Yoon, ND immediately if: you are pregnant, suspect you are pregnant, are trying to get pregnant, or if you are breast-feeding.

Fee Schedule:

Initial Consult (60 min.)	\$175
Follow-Up (40 min.)	\$90
Follow-Up (20 min.)	\$50
Traditional Asian Medicine	\$90
Acupuncture (40 min.)	

- There will be additional charges for services, products, and testing as required.
- Fees may be subject to change without notice.
- All services, products, and testing fees require payment at time of service.
- Acupuncture requires an initial consult in order to assess and apply personalized treatment.

Cancellation Policy: Because everyone's time is precious. We require **24 hours notice of cancellation**. For missed appointments, without proper notice, a charge of \$20 will be applied and is to be paid before another appointment is booked.

There are some slight health risks associated with treatment by naturopathic medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reaction to supplements or herbs
- Pain, bruising or injury from venipuncture, acupuncture or parenteral therapy
- Fainting or puncturing of an organ with acupuncture needles
- Muscles strains and sprains, disc injuries from spinal manipulation
- There is a very small potential for stroke in neck manipulation. Patients are thoroughly screened prior to manipulating the neck.

I understand:

- An electronic medical record will be kept of the health services provided to me. This record will be kept in strictest confidentiality and will not be released to others unless law requires it or I give my written consent. I realize in rare instances courts may subpoena my medical records, which means that my records will have to be released.
- Dr. James Yoon, ND will have to report me in the following instances: when I am in imminent danger of harming myself or others, when there is reasonable suspicion that I am neglecting and/or emotionally, physically or sexually abusing a minor, and if I engage in sexual relations with any of my healthcare providers.
- I may access my medical records at any time and can request a copy by paying the appropriate fee.
- I am aware that I can purchase the products recommended by Dr. James Yoon, ND at any location of my choice and I am under no obligation to purchase products directly from Dr. James Yoon, ND. However, if I do purchase products from Dr. James Yoon, ND I am aware that they cannot be returned for refund, as they will not be resold. I understand that supplements, remedies, botanicals, specialized laboratory tests,



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and other goods and services are charged separately and not included in visit fees (However, you will be informed in advance of any additional fees, and if any fees change). Just as a pharmacy cannot accept returns on pharmaceutical products, we cannot accept returns on nutraceutical products, so that they can guarantee that all of their products have been stored in appropriate conditions until they are dispensed.

- I also confirm that I have the ability to accept or reject this care of my own free will, and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without stating so.
- I agree to abide by the financial policies as outlined and I accept full responsibility for any fees incurred during the treatment. I agree to fully discharge this responsibility at the time of the visit via cash, debit, or credit card (Visa or MasterCard).
- This consent will cover the entire course of your treatment but you are free to withdraw this consent and discontinue a treatment at any time.
- As a patient of Dr. James Yoon ND, I have read the information and understand that the form of medical care I will be receiving is based on Naturopathic principles and practices. I hereby acknowledge that I have been informed and understand the recommended diagnostic and therapeutic procedure(s)/plan and have discussed them to my satisfaction. I also recognize that even the gentlest forms of therapies have potential complications, and I release Dr. James Yoon ND from any responsibility of such complications. I acknowledge and confirm that I have been informed of the diagnostic/therapeutic procedures with respect to financial costs, potential risks and side effects, expected benefits, the likely consequences of not having/following the provided recommendations and what alternative course(s) of action are available to me.
- Dr. James Yoon, ND does not guarantee treatment results. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and potential complications. I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list, if any):

I recognize that this consent form covers the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I have read this statement and agree to work within its guidelines, including the limits of confidentiality

Patient Name (please print): _____

Signature of Patient or Patient's Guardian: _____ Date: _____

Signature of Dr. James Yoon, ND: _____ Date: _____



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Patient Consent for Collection, Use and Disclosure of Personal Information

Privacy and protecting your personal information is an important part and consideration of my practice as a naturopathic doctor. This privacy policy outlines what I do to ensure that:

- Only necessary information is collected about you;
- I only share your information with your consent;
- Storage, retention and destruction of your personal information complies with existing legislation and privacy protection protocols (this includes cloud-based electronic medical records that are housed within Canada and are compliant with such legislation and privacy protocols);
- Privacy protocols comply with privacy legislation and standards of naturopathic doctor's regulatory body

We are committed to collecting, using and disclosing your information responsibly and do so for the following purposes:

- To assess your health concerns, provide health care and advise you of treatment options;
- To establish and maintain contact with you;
- To remind you of upcoming appointments;
- To efficiently follow-up with you for treatment;
- To complete claims for insurance purposes;
- To invoice for goods and services;
- To process credit card payments;
- To collect unpaid accounts and follow-up on billing, as required;
- To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable disease and individuals who may be an imminent threat to harm themselves or others;
- To be used for educational and research purposes (this includes case summaries and reports, photographs, lab results and other pertinent medical information). Your identity will be protected at all times and if necessary, identifying information will be altered to protect your privacy in all the above instances.

Patient Consent

I, _____ have reviewed the above information that explains how Dr. James Yoon, Naturopathic Doctor, will use my personal information and the steps that are taken to protect my information. I agree that James Yoon, Naturopathic Doctor, can collect, use and disclose personal information about my case as set out above regarding privacy policies.

Patient Signature: _____

Date: _____