

## The Macdonald Centre for Natural Medicine Ltd.

448-10<sup>th</sup> Street  
Courtenay, BC

Dr. Deidre Macdonald  
Naturopathic physician

Phone 250-897-0235  
Fax 250-897-1797

Dear New Patient,

Congratulations for putting your child's health first and deciding to investigate Naturopathic Medicine. I am confident that you will greatly expand your knowledge of your health care options and I look forward to sharing that experience with you.

Together we will endeavor to enhance your child's health. In order to understand you child as a whole, I need to gather a significant amount of information. One the most efficient and therefore cost-effective tools I have is this comprehensive set of health history forms. Please do your best to be thorough in filling them out, but if you don't understand or don't feel comfortable with a question, leave it out and proceed from there.

**Please drop off your completed forms to my office prior to your visit.** I will then have an opportunity to assess the information and make good use of your time during your scheduled appointment. Alternatively, you may fax your package to 897-1797.

**My office is located at 448-10th Street in Courtenay in a house/office.** If you turn at the Dairy Queen on Cliffe Ave., that will put you on 10th Street and we are 1.5 blocks up on the left between England and Fitzgerald Ave.

If the clinic is not open when you wish to drop off your forms, please seal the envelope, put your name on it, and place it in the **mail slot** of the front door. I am the only person who reviews these forms and your confidentiality will be strictly maintained. I sincerely thank you for sharing this important information with me and look forward to our first visit!

Love and blessings,

Dr. Deidre Macdonald  
Naturopathic physician

(P.S. Out of consideration for my patients with allergies and chemical sensitivities, I request that you refrain from wearing perfume or cologne on the days you will be visiting our office. Thank you.)

Check us out at [www.getwellhere.com](http://www.getwellhere.com)

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### **The Philosophy of Naturopathic Medicine**

#### *THE HEALING POWER OF NATURE*

The healing process is ordered and intelligent. The body has the inherent ability – the vitality – not only to heal itself and restore health, but also to ward off disease. Illness is not caused simply by an invasion of external agents or germs, but is a manifestation of the organism's attempt to defend and heal itself. The physician's role is to identify and remove agents blocking the healing process, bolster the patient's healing capacity, and support the creation of a healthy internal and external environment.

#### *TREAT THE WHOLE PERSON*

Health and disease result from a complex interaction of physical, mental, emotional, genetic, spiritual, environmental, social, and other factors. The harmonious function of all aspects of the individual is essential to health. Within the body, the different systems are intimately connected, dynamically balanced. "Dis-ease" or imbalance in one part directly affects – may cause disease in – other parts of that whole. There is never a single cause for disease. All of the "pieces" must be integrated in order to create a whole picture of an individual and his/her illness. Therapy can then be directed at underlying as well as immediate causative factors, thus treating the whole person.

#### *FIRST DO NO HARM*

Respecting the inherent ability of the organism to heal itself, the physician must be ever-mindful of the consequences or side effects of treatment. The more gentle and non-invasive the therapy, the less disruptive it will be to the patient's integral whole. Whenever possible, suppression of symptoms is avoided as suppression may interfere with the healing process.

#### *IDENTIFY AND TREAT THE CAUSE*

Illness does not occur without cause, and symptoms (nausea, rash, headache) are not the cause of illness. Symptoms are signals that the body is out of balance and are an expression of the body's attempt to heal itself. Causes originate on many levels, but are often found in the patient's lifestyle, diet, habits, or emotional state. When only the symptoms are treated, the underlying causes remain and the patient may develop a more serious, chronic condition.

#### *PREVENTION IS THE BEST CURE*

Health is a reflection of how we choose to live. Physicians help patients recognize their choices and how those choices affect their health. The physician assesses risk factors and hereditary susceptibility to disease and makes appropriate intervention to prevent illness.

#### *DOCTOR AS TEACHER*

The original meaning of the word "doctor" was "teacher". A physician is a facilitator for a patient's healing process. One of a physician's principle responsibilities is to educate the patient and encourage self-responsibility for health. A cooperative doctor-patient relationship has inherent therapeutic value.

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## PEDIATRIC / ADOLESCENT MEDICAL HISTORY FORM

PATIENT'S FULL NAME \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ Weight \_\_\_\_\_

BIRTHDATE month/day/yr \_\_\_\_/\_\_\_\_/\_\_\_\_ Do you have extended health coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on the Premium Assistance program with MSP? Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, CareCard #:** \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT'S WORK PHONE \_\_\_\_\_ (Mother, Father, Other) Cell phone \_\_\_\_\_

E-MAIL \_\_\_\_\_

\*I consent to receive email correspondence from Dr. Macdonald  Yes  No

Have you attended a seminar of Dr. Macdonald's? Yes \_\_\_\_\_ No \_\_\_\_\_

FAMILY PHYSICIAN \_\_\_\_\_

SPECIALIST \_\_\_\_\_

HOW DID YOU HEAR ABOUT DR. MACDONALD? \_\_\_\_\_

PRESENT HEALTH PROBLEMS: PLEASE LIST MOST IMPORTANT HEALTH CONCERNS/PROBLEMS

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**MEDICATIONS:** \_\_\_\_\_

**SUPPLEMENTS:** \_\_\_\_\_

**ALLERGIES:** (medications, pollens, animals, food) \_\_\_\_\_

**IMMUNIZATIONS:** Up to date \_\_\_\_\_

Partial \_\_\_\_\_

None \_\_\_\_\_

Adverse reactions \_\_\_\_\_

**PATIENT'S MEDICAL HISTORY:**

	Now	Past	Never		Now	Past	Never	
ACNE	___	___	___	EPILEPSY/SEIZURES	___	___	___	SURGERIES (Age/ Type):
ALLERGIES	___	___	___	FATIGUE	___	___	___	
ANEMIA	___	___	___	FREQUENT INFECTION	___	___	___	HOSPITALIZATIONS: (Age & Reason)
ASTHMA	___	___	___	HEADACHES	___	___	___	
BED WETTING	___	___	___	HEART MURMUR	___	___	___	INJURIES/ACCIDENTS: (Age & Cause)
BIRTH DEFECTS	___	___	___	HIGH FEVER	___	___	___	
COLIC	___	___	___	HYPERACTIVITY	___	___	___	OTHER CONDITIONS:
CONSTIPATION	___	___	___	INSOMNIA	___	___	___	
COUGH/WHEEZE	___	___	___	JAUNDICE	___	___	___	
CRADLE CAP	___	___	___	LEARNING DISORDER	___	___	___	
DEPRESSION	___	___	___	MOODINESS	___	___	___	
DIARRHEA	___	___	___	STUFFY NOSE	___	___	___	
EARACHES	___	___	___	THRUSH	___	___	___	
ECZEMA	___	___	___					

WHAT IS YOUR INFANT'S/CHILD'S/ADOLESCENT'S DISPOSITION?

**FAMILY HISTORY:**

FATHER (age)\* \_\_\_\_\_ MOTHER (age)\* \_\_\_\_\_ BROTHERS (ages)\* \_\_\_\_\_ SISTERS (ages)\* \_\_\_\_\_

\*If deceased, Please list age at death and circle.

IDENTIFY ALL FAMILY MEMBERS WHO HAVE EVER HAD ANY OF THE FOLLOWING: (INDICATE FAMILY MEMBER BY: F for FATHER, M for MOTHER, B1, B2, S1, etc.)

- |                       |                   |                         |
|-----------------------|-------------------|-------------------------|
| ___ ALCOHOLISM        | ___ CELIAC        | ___ HIGH BLOOD PRESSURE |
| ___ ALLERGIES         | ___ COLITIS       | ___ MENTAL ILLNESS      |
| ___ ANEMIA            | ___ DIABETES      | ___ OBESITY             |
| ___ ASTHMA            | ___ ECZEMA        | ___ STOMACH ULCERS      |
| ___ BIRTH DEFECTS     | ___ EPILEPSY      | ___ STROKE              |
| ___ BLEEDING DISORDER | ___ HEART DISEASE | ___ THYROID DISORDER    |
| ___ CANCER of _____   | ___ HEARING LOSS  | ___ TUBERCULOSIS        |

OTHER \_\_\_\_\_

DOES PATIENT HAVE ANY OF THE ABOVE? If Yes, which ones. \_\_\_\_\_

**PRENATAL/BIRTH/FEEDING HISTORY:**

**MOTHER'S HEALTH DURING THE PREGNANCY WITH THIS PATIENT**

AGE \_\_\_\_\_ TRAUMA/INJURY \_\_\_\_\_ ALCOHOL CONSUMPTION \_\_\_\_\_ DRUGS \_\_\_\_\_

BLEEDING \_\_\_\_\_ STRESS (Scale 1-10) \_\_\_\_\_ TOXEMIA \_\_\_\_\_ NAUSEA \_\_\_\_\_

HIGH BLOOD PRESSURE \_\_\_\_\_ SMOKING \_\_\_\_\_ ILLNESS \_\_\_\_\_ X-RAYS \_\_\_\_\_

ANTIBIOTICS: DURING PREGNANCY \_\_\_\_\_ DURING BIRTH \_\_\_\_\_ DURING BREAST FEEDING \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

FULL TERM? \_\_\_\_\_ PREMATURE? \_\_\_\_\_ FULL BIRTH WEIGHT \_\_\_\_\_

WAS THE PREGNANCY EASY? \_\_\_\_\_ DIFFICULT? \_\_\_\_\_

WAS THE BIRTH STRAIGHT FORWARD? \_\_\_\_\_ DIFFICULT? \_\_\_\_\_ C-SECTION? \_\_\_\_\_

**FEEDING OF INFANT**

BREAST FED \_\_\_\_\_ HOW LONG? \_\_\_\_\_

COW'S MILK? \_\_\_\_\_ WHEN STARTED? \_\_\_\_\_

FORMULA FED \_\_\_\_\_ HOW LONG? \_\_\_\_\_ TYPE OF FORMULA \_\_\_\_\_

AGE SOLID FOODS BEGUN \_\_\_\_\_ WHAT FOODS? \_\_\_\_\_

ANY FOOD ALLERGIES OR INTOLERANCES? \_\_\_\_\_ TO WHAT FOODS? \_\_\_\_\_

CURRENT SAMPLE DAILY DIET (Choose a typical day and include food and liquids)

**SOCIAL HISTORY:**

PARENTS: MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

OTHER GUARDIAN: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

OTHERS RESIDING IN HOME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DAYCARE/PRESCHOOL/SCHOOL: HOW MANY HOURS EACH DAY? \_\_\_\_\_ # DAYS OF THE WEEK? \_\_\_\_\_

INTERACTION WITH RELATIVES: WHO? \_\_\_\_\_ HOW OFTEN? \_\_\_\_\_

DO YOU HAVE ANY **OTHER HEALTH CONCERNS** YOU WOULD LIKE TO DISCUSS? PLEASE EXPLAIN.

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## Fees and Payments

The following information will explain the fees at our office:

### **ALL FEES ARE DUE AT THE TIME THE SERVICE IS RENDERED.**

First Naturopathic Visit (45 min): \$140.00

Follow up Naturopathic Visits (1/2 hr): \$70.00

Extended Follow up Naturopathic Visits (1 hr): \$120.00

These fees may be increased periodically.

*Medicines & Tests: Fees for medicines and testing (such as Vega food allergy testing) may be incurred in addition to visit fees.*

**CANCELLATION NOTICE: Please allow 2 days notice to inform our office of appointment cancellations. Appointments cancelled under 48 hrs or missed will be charged \$25.00 for each visit or testing appointment.**

## **EXTENDED MEDICAL BENEFITS:**

Extended Health Plans often cover some or all of the fees for Naturopathic *visits*. Contact your extended health carrier to determine how much is covered per visit and per year. **We recommend inquiring about all the “fine print” regarding reimbursement.** Patients are responsible for submitting their receipts to their companies for reimbursement.

If supplements have a DIN number (Drug Identification Number), write the number on the receipt and sometimes the extended health insurer will reimburse for those products.

## **PREMIUM ASSISTANCE:**

MSP will reimburse \$23.00 for patients that qualify for Premium Assistance to a maximum of 10 combined specialist (naturopathy, chiropractor, physiotherapy, etc.) appointments. Additional fees for supplements are the responsibility of the patient.

- MSP refers to MEDICAL SERVICES PLAN, this is your BC health care.
  - MSP Premium Assistance = subsidy for the BC health care plan for low income.
- Dr. Macdonald's office will submit a form to MSP on your behalf. *Please advise the receptionist if you qualify for 'Premium Assistance'* at each visit
- MSP will mail reimbursements directly to you the patient in 6-8 weeks.

This office accepts Cash, Cheques, Interac, Visa & Mastercard.

I have read the above and fully understand the contents.

Signed \_\_\_\_\_ Date \_\_\_\_\_