

Naturopathic Medicine Pediatric Intake Form

Today's Date: _____

Last Name: _____ First Name: _____ MI: _____

Parent(s): Mother _____ Father _____ Birthdate: ____/____/____ Sex: M / F

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Emergency Contact: _____ Relationship to Patient: _____

Contact's Phone Number: _____ Contact's Email: _____

Referred to Dr. Arti Mehta by: _____

Current Health Care Team:

Patient's Pediatrician: _____ Office Number: _____

Specialist Physician: _____ Specialty: _____ Office Number: _____

Specialist Physician: _____ Specialty: _____ Office Number: _____

Other Health Care Team Members (Ex: massage therapist, nutritionist, acupuncturist, etc.):

Practitioner Name: _____ Office Number: _____

Practitioner Name: _____ Office Number: _____

Please list current health concerns, time of onset, and current treatment:

| <i>Condition</i> | <i>Onset/Duration</i> | <i>Treatment (if any)</i> |
|------------------|-----------------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

PAST MEDICAL HISTORY

Pregnancy: Duration of pregnancy: _____

Any complications with pregnancy? _____

Type of birth delivery (eg. cesarean section, vaginal) Birth Weight: ____ lb, Height ____ in.

Any complications with delivery? _____

Newborn: Any significant health concerns as newborn? (eg. anemia, jaundice, respiratory difficulty, infection)

To date, please list history of all **major illnesses, hospitalizations, surgical procedures including dates.**

History of head injury or other major injury? _____

Has this child ever been unconscious or had seizures? _____

Immunizations/vaccinations: _____

Date of last Physical/Wellness Exam: _____ Date of last Blood Tests: _____

Please list any **Life Threatening Allergies:** _____

Other Allergies, sensitivities, or intolerances (eg. food, medication, environmental, chemical, etc.):

FAMILY HISTORY: Place appropriate letter(s) in blank if someone in the child's family has/had any of the following. (*F=Father, M=Mother, S=Sibling, G=Grandparent*)

- | | | |
|---------------------------------------|-------------------------|--|
| ___ Alcoholism | ___ Crohn's Disease | ___ Neurological Disorders |
| ___ Allergies/Eczema | ___ Diabetes | ___ Obesity |
| ___ Asthma | ___ Drug abuse | ___ Sexually Transmitted Infections: _____ |
| ___ Autoimmune Disorders | ___ Epilepsy/Seizures | ___ Thyroid Disorder |
| ___ Cancer, specify type(s): _____ | ___ Headaches/Migraines | |
| | ___ Heart Disease | |

Any other condition: _____

LIFESTYLE: Please select the following that apply to this child (write N/A if does not apply to child's age)

- | | |
|--------------------------------|---|
| ___ Stays at home | ___ Involved in after-school activities (Ex: _____) |
| ___ Daycare (___ days/week) | ___ Socializes well with other children |
| ___ School (grade level _____) | ___ Holds attention while working on a task |

Describe the child's **family situation:** (number of siblings, parental involvement in child's life, etc):

Favorite Activities: _____

Fears and Anxieties: _____

DIET: Please check any of the following: ___ Mixed Diet (animal/vegetable) ___ Vegetarian ___ Organic Food

Please list any Food Restrictions (eg. dairy, gluten, soy, etc.): _____

Any additional information that is important for me to know about your child? _____

I have completed this form to the best of my ability in reference to this child's health history. I have stated all known health conditions for this child and will alert the practitioner of any new condition as it arises. My signature below indicates that I agree to take full responsibility for bringing this child to naturopathic care and I understand that naturopathic medicine is not a substitute for standard medical care in Maryland.

Signature: _____

Date: _____

Relationship to Patient: _____

ARTI J. MEHTA, ND
Informed Consent for Naturopathy Consultation

I, _____, seek and consent to the services of Arti Mehta, ND to provide supportive, naturopathic care for myself or my minor child. Naturopathic services use natural means and remedies to further health and wellness, including assessment and patient education and counseling about nutritional interventions; herbal and homeopathic remedies; lifestyle modifications; mind-body supportive counseling; and a range of other natural interventions/consultation.

Non-Medical and Complementary Nature of Services

I understand that Dr. Mehta is not a primary care medical doctor. I understand that Dr. Mehta is a licensed, board-certified naturopathic physician in the District of Columbia, based upon her four-year graduate training in an accredited university as a naturopathic physician. Naturopathic physicians are licensed in 16 states and in the District of Columbia, but not currently in Maryland. Where naturopathic physicians are not licensed, their scope of practice does not encompass the diagnosis and treatment of disease, but is focused upon consultations regarding natural remedies.

Dr. Mehta's work in Maryland does not allow her to offer the full range of services within her medical training, but the educational consultations she provides are at the core of the naturopathic approach to health. I understand that her assessments and recommendations are intended to assist me in using natural means to support my health and are not intended to provide medical diagnosis or treatment. I should not avoid any diagnostic work-ups or change or discontinue any medical treatment based upon my consultation with Dr. Mehta. If I believe that modifications may be sensible in the light of these natural approaches, I agree to first discuss such changes with my prescribing medical physician.

If I believe that I have a condition which requires medical care, I will consult my primary care physician (PCP) or an appropriate specialist. It is important that I maintain regular visits with my PCP and medical specialists as appropriate, both to ensure proper medical care and because Dr. Mehta is not affiliated with a local hospital. I should have a medical physician who can provide care in the event of an emergency or hospitalization. When appropriate, Dr. Mehta may communicate with members of my health team regarding my conditions, treatment options, and/or any other health related issues. **I agree to follow-up on referrals for medical care when necessary.**

Dr. Mehta may suggest laboratory tests, some of which are used by holistic, integrative physicians, but which are not in widespread use in the medical community. Further, the interpretation of some tests may be different than in mainstream medicine. It is recommended for me to get the advice of my medical physician as I make decisions that affect my health.

Dr. Mehta will explain to me her assessment, the nature of her recommendations, the expected prognosis without such care, and the anticipated costs, risks, benefits and experience of following various options. I understand that a core approach taken by naturopathy is achieving better health status through improvements in diet and the use of dietary supplements to improve biological function, as well as exercise and other lifestyle modifications. The focus of naturopathic care is to alleviate the underlying conditions that can bring about illness rather than the treatment of symptoms. While I may experience some immediate improvement from the use of naturopathic methods, I understand that the most effective results occur when I make a long-term commitment to rebuild my health. **It is my responsibility as a patient to follow-up with Dr. Mehta within a recommended time period for evaluation of treatment results or to change treatment protocols as necessary.**

I understand that Dr. Mehta does not offer after hour services or provide any hospital-based services. If I have difficulty with any of remedies or other aspects of my work with Dr. Mehta, I understand I should call during business hours to discuss concerns I may have.

Potential Risks: As with any method of care, naturopathy can involve some risk, such as allergic reactions to prescribed herbs and supplements, side effects of natural medications, inconvenience of lifestyle changes. I understand that the interactions between herbs, and between herbs and drugs my medical physician might prescribe, are not yet well known, and I could have an adverse reaction or experience a reduction or increase in the effect of other medications. I understand that I should let my physician know what herbs I am taking, particularly prior to surgery or other procedures. **I understand that it is my responsibility to alert Dr. Mehta of any adverse effects or reactions.**

Notice to Pregnant Women: All female clients must alert Dr. Mehta if they know or suspect that they are pregnant as some of the remedies used could present a risk.

No Guarantees: I am aware that such consultations are an art, that like many medical interventions, many naturopathic efforts have not been subjected to rigorous scientific study, and that there are wide individual differences in responses to these services. No guarantees are made regarding cure or improvement of my condition nor experiencing any adverse consequences.

Supplement Purchases: I understand I am not obligated to purchase nutritional or herbal products recommended by Dr. Mehta, from this office or from any specific vendor, and I will be given the same level of attention without regard to my purchases.

Privacy Policy: My privacy is important and my records will be held confidential unless I request in writing that they be released to myself or to other care-givers. The HIPAA privacy regulations I have seen in other offices do not apply to Dr. Mehta, as I do not submit claims to insurers, which must be done electronically before HIPAA regulations apply.

Important Insurance and Payment Notices: Dr. Mehta's services are, with few exceptions, not reimbursed by insurance or Medicare. Insurance generally provides services only when delivered by individuals licensed to provide health care services in the state in which care is delivered. Dr. Mehta is therefore unable to accept insurance payment and does not provide billing statements for insurance reimbursement in Maryland. Payment in full is required at each visit. I understand I am responsible for payment even if I submit and am denied reimbursement, even if my insurer determines that services are not medically necessary. I understand that appointments can be made by phone or in person.

Dr. Mehta requests 24-hours notice for canceling or rescheduling appointments. For any visits canceled with less than 24-hours notice, the patient will be charged the full amount of the original visit fee except in the case of family or medical emergency. This charge will be billed directly to the client. Late arrivals will not receive an extension of scheduled service times and will be responsible for full service fee. In the event legal action is required to collect payment, I agree to be responsible for attorney fees and costs.

Informed Consent for Naturopathic Consultation

I hereby authorize naturopathic assessment and consultation and certify that I understand the nature of this health care method. I understand that no recommendations are being made to me to discontinue any treatment being provided by any other health care professional. I understand that Dr. Mehta does not function as a primary care or medical physician in Maryland, and that she offers her services as a complement to other services I receive. I have been adequately informed, and questions I have asked have been satisfactorily answered. I represent that I am seeking assessment and consultation in order to further my own health and for no other reason and do not represent a third party. I sign this voluntarily and am aware that I may withdraw this consent and discontinue following the recommendations at any time.

Signature of Client or Legal Guardian Witness

Date

Client's Printed Name