Opti-Balance Naturopathic Medicine
Dr. Tara Macart – Naturopathic Physician
4-161 Fern Road West
Qualicum Beach, BC. V9K 1T2
Phone 250.752.2711 Fax 250-594-2711
www.opti-balance.com office@opti-balance.com

Opti-Balance Naturopathic Medicine Intake Form

Personal Information:

Name: _____
(First, Middle, Last)
Birth Date: _____ Age: ____ Blood Type: ____ Gender: M / F
Social Insurance Number: _____ Height: _____ Weight: _____
Address: _____
City:_____ Postal Code: _____
Phone: (Home) _____ (Work) _____ (Other) _____
Fax: _____ Email: _____
Occupation: _____
Employer: _____
Employer Phone: _____
Emergency Contact: _____
Phone: _____ Relationship: _____

Medical Coverage:

BC Care Card Number: _____
Insurance Company: _____ Phone: _____
Policy or Group Number: _____

Medical Doctor:

Name: _____ Phone: _____

How did you find out about Dr. Macart ND?

Brochure	Yellow Pages	Family Doctor	BCNA
Television	Friend	Chiropractor	Directory
Radio	Relative	Specialist	Newspaper
Internet	Coworker	Health Professional	Health Food Store
Other:			

List your main health concerns in order of importance / severity?	
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

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Medical History:

Describe your general state of health:	Excellent	Good	Fair	Poor

Indicate any serious conditions, illnesses, injuries, surgeries, or hospitalizations including approximate dates:

Please list all **current** medications:
(Include all prescriptions, over the counter products, vitamins, herbs, homeopathics, etc.)

Please list **past** medications:
(Include all prescriptions, over the counter products, vitamins, herbs, homeopathics, etc.)

How often do you use any of the following?	
	Aspirin
	Alcohol
	Caffeine
	Diet pills
	Hormone therapy
	Laxatives
	Pain killers
	Recreational drugs
	Tobacco

How many times have you been treated with antibiotics? _____

What immunizations have you had and any adverse reactions?		
	DPT (diphtheria/pertussis/tetanus)	HiB / Meningococcal
	Tetanus (booster)	Gardasil
	MMR (measles / mumps / rubella)	Other

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	Hemophilius influenza B	
	"Flu"	
	Polio	
	Hepatitis A	
	Hepatitis B	
	Smallpox	
	Shingles	

Do you have any allergies, sensitivities, or intolerances? Please explain.		
	Medications	
	Animals	
	Feathers	
	Molds	
	Perfumes	
	Latex	
	Nuts	
	Milk products	
	Eggs	
	Wheat	
	Any Other	

Please rate your stress level: (Low) 1 2 3 4 5 6 7 8 9 10 (High)

Family History:

Please indicate which of your close relatives has had any of the following:		
	Alcoholism / Drug Abuse	
	Allergies	
	Asthma	
	Cancer	
	Depression	
	Other mental illness	
	Diabetes	
	Heart problems	
	Kidney problems	

Dietary Intake:

Do you have any dietary restrictions? (allergic, religious, vegetarian, vegan, etc.)

_____

_____

Have you ever been on a special diet? If so, please explain. _____

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Review of Systems: Please check boxes for any of the following that you have or have had previously.
O = occasional, F = frequent, C = constant

O	F	C	General
☐	☐	☐	Allergy
☐	☐	☐	Chills
☐	☐	☐	Convulsions
☐	☐	☐	Dizziness
☐	☐	☐	Fainting
☐	☐	☐	Fatigue
☐	☐	☐	Fever
☐	☐	☐	Headache
☐	☐	☐	Loss of sleep
☐	☐	☐	Loss of weight
☐	☐	☐	Depression
☐	☐	☐	Nervousness
☐	☐	☐	Neuralgia
☐	☐	☐	Numbness
☐	☐	☐	Sweats
☐	☐	☐	Tremors
			Muscle and Joint
☐	☐	☐	Arthritis
☐	☐	☐	Bursitis
☐	☐	☐	Foot trouble
☐	☐	☐	Hernia
☐	☐	☐	Lower back pain
☐	☐	☐	Lumbago
☐	☐	☐	Neck pain or stiffness
☐	☐	☐	Pain between shoulders
☐	☐	☐	Pain or numbness in:
☐	☐	☐	Shoulders
☐	☐	☐	Elbows
☐	☐	☐	Hands
☐	☐	☐	Hips
☐	☐	☐	Legs
☐	☐	☐	Knees
☐	☐	☐	Feet
☐	☐	☐	Painful tail bone
☐	☐	☐	Poor posture
☐	☐	☐	Sciatica
☐	☐	☐	Spinal curvature
☐	☐	☐	Swollen joints

O	F	C	Gastro-Intestinal
☐	☐	☐	Belching or gas
☐	☐	☐	Colitis
☐	☐	☐	Colon trouble
☐	☐	☐	Constipation
☐	☐	☐	Diarrhea
☐	☐	☐	Difficult digestion
☐	☐	☐	Abdominal distension
☐	☐	☐	Excessive hunger
☐	☐	☐	Gall bladder trouble
☐	☐	☐	Hemorrhoids
☐	☐	☐	Intestinal worms
☐	☐	☐	Jaundice
☐	☐	☐	Liver trouble
☐	☐	☐	Nausea
☐	☐	☐	Stomach pain
☐	☐	☐	Poor appetite
☐	☐	☐	Vomiting
☐	☐	☐	Vomiting of blood
			Eyes, ears, nose, throat
☐	☐	☐	Asthma
☐	☐	☐	Colds
☐	☐	☐	Crossed eyes
☐	☐	☐	Deafness
☐	☐	☐	Dental decay
☐	☐	☐	Earache
☐	☐	☐	Ear discharge
☐	☐	☐	Ear noises
☐	☐	☐	Enlarged glands
☐	☐	☐	Enlarged thyroid
☐	☐	☐	Eye pain
☐	☐	☐	Failing vision
☐	☐	☐	Far sightedness
☐	☐	☐	Gum trouble
☐	☐	☐	Hay fever
☐	☐	☐	Hoarseness
☐	☐	☐	Nasal obstruction
☐	☐	☐	Near sightedness
☐	☐	☐	Nosebleeds
☐	☐	☐	Sinus infection
☐	☐	☐	Sore throat
☐	☐	☐	Tonsillitis

O	F	C	Cardio-Vascular
☐	☐	☐	Hardening of arteries
☐	☐	☐	High blood pressure
☐	☐	☐	Low blood pressure
☐	☐	☐	Pain over heart
☐	☐	☐	Poor circulation
☐	☐	☐	Rapid heart beat
☐	☐	☐	Slow heart beat
☐	☐	☐	Swelling of ankles
			Respiratory
☐	☐	☐	Chest pain
☐	☐	☐	Chronic cough
☐	☐	☐	Difficult breathing
☐	☐	☐	Spitting up blood
☐	☐	☐	Spitting up phlegm
☐	☐	☐	Wheezing
			Skin
☐	☐	☐	Boils
☐	☐	☐	Bruise easily
☐	☐	☐	Dryness
☐	☐	☐	Hives or allergy
☐	☐	☐	Itching
☐	☐	☐	Skin eruptions (rash)
☐	☐	☐	Varicose veins
			Genito-Urinary
☐	☐	☐	Bed-wetting
☐	☐	☐	Blood in urine
☐	☐	☐	Frequent urination
☐	☐	☐	Poor kidney control
☐	☐	☐	Kidney infection
☐	☐	☐	Kidney stones
☐	☐	☐	Painful urination
☐	☐	☐	Prostate trouble
☐	☐	☐	Pus in urine
			Women
☐	☐	☐	Congested breasts
☐	☐	☐	Cramps / backache
☐	☐	☐	Excess menstrual flow
☐	☐	☐	Hot flashes
☐	☐	☐	Irregular cycle
☐	☐	☐	Lumps in breasts
☐	☐	☐	Menopause
☐	☐	☐	Painful Menstruation
☐	☐	☐	Vaginal discharge

Please check the following conditions you have had:

☐	Alcoholism	☐	Diabetes	☐	Heart disease	☐	Pleurisy	☐	Typhoid fever
☐	Anemia	☐	Diphtheria	☐	Influenza	☐	Pneumonia	☐	Ulcers
☐	Appendicitis	☐	Eczema	☐	Malaria	☐	Polio	☐	Venereal disease
☐	Arteriosclerosis	☐	Emphysema	☐	Measles	☐	Rheumatic fever	☐	Whooping cough
☐	Arthritis	☐	Epilepsy	☐	Miscarriage	☐	Scarlet fever	☐	
☐	Cancer	☐	Fever blisters	☐	Mono	☐	Shingles	☐	
☐	Chorea	☐	Goiter	☐	Multiple sclerosis	☐	Stroke	☐	
☐	Cold sores	☐	Gout	☐	Mumps	☐	Tuberculosis	☐	

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Informed Consent to Naturopathic Procedures

Communication with Dr. Macart may occur as office visits, telephone consultations, tele/video conferencing, or email communication.

Initial Consultation – 55 minutes / $180.00.
Neurologically Focused Initial Consultation - $225.00
Initial Consultation – Child under 12 $125.00
Return Office Visits - Time based 41-55 minutes / $180
26-40 minutes / $135
11-25 minutes / $95
1-10 minutes / $50

Phone Consultation – Time based as above.

There will be additional charges for services, products and testing as required.

GST will be applied where applicable by law.

Fees may be subject to change without notice.

All services, products and testing fees require payment at time of service.

Because everyone's time is precious, we require 24 hours notice of cancellation.
For situations where this does not happen, the full visit will be charged.

I clearly understand that Dr. Macart is a naturopathic physician, a specialist in natural therapies and practices. I also understand that her practice and philosophy of medicine may not be in complete accordance with my other health care practitioners and I acknowledge and accept this. I consent to Dr. Macart being my naturopathic physician and that the usual Doctor/Patient privileges and confidentiality apply between Dr. Macart and/or her office or clinical assistants and myself.

Please print name: _____

Signature of patient: _____
(or lawful representative)

Date: _____