



Dr. Gayamali Karunaratna, N.D.

350 Highway 7 East, Suite 211, Richmond Hill ON, 905-889-3640

Dear Patient,

I look forward to meeting with you in the very near future. Please fill out the forms enclosed in this package, print them off, and bring them with you to the first visit. Included in the package are the initial intake forms, and possibly a diet diary sheet on which to record what you eat and drink for the next 7 days.

You can expect your first visit to last approximately 2 hours, or approximately 1 to 1-1/2 hours for children 12 and under. During this time, we will discuss your health history in depth, and a physical exam will be performed. We will then discuss how you can best be treated. You may choose to either purchase your laboratory tests, supplements, botanicals, or homeopathic medicines from me, or you may go to the supplier of your choice. Your subsequent visits will be approximately ½ hour to 45 minutes long, during which I will review your progress and modify your treatments accordingly.

Please note that if you need to cancel your appointment, you must give me at least 24 hours notice, otherwise a fee will be charged.

My fee schedule for the visits is as follows:

	Adults (20-64 years)	Students (13-19 yrs) & Seniors (65+ years)	Children (0-12 years)
Initial visit	\$250.00 (2 hrs)	\$215.00 (2 hrs)	\$170.00 (1 to 1 1/2 hrs)
Subsequent visit (30-45 minutes)	\$90.00	\$85.00	\$85.00
Return visit (over 1 year)	\$170.00 (1 1/2 hour)	\$170.00 (1 1/2 hour)	\$135.00 (1 hour)
Microcurrent Non- Surgical Face-Lift (1 hour)	\$135.00	\$135.00	N/A
Missed Appointment (without 24 hours notice)	A missed appointment without at least 24 hours notice will result in the charge of the full fee of the visit. Please ensure that if you need to cancel that you provide enough notice so that a charge doesn't result.		
Telephone Consultations	10-15 minutes--\$45; 20-25 minutes--\$70.00; 1/2 hour-45 minutes--the fee for the subsequent visit		
Acupuncture session	10-15 minutes--\$45; 20-25 minutes--\$70.00; 1/2 hour-45 minutes--the fee for the subsequent visit		

Payment is due at the end of each visit in the form of cash, debit, Visa, or Mastercard. Please remember that many extended health insurance plans cover all or a portion of the visit costs. If you are covered, retain your receipt and send it to your insurance company for reimbursement.

I am very happy that you have decided to take an active roll in your health care, and I look forward to helping you strive toward your goals of well-being. Until we meet, keep well.

Yours in health, *Dr. Gayamali Karunaratna, Hon. B.Sc., M.Ed., ND, Birth Doula.*

Naturopathic Doctor.



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Patient Consent Form For Collection, Use, And Disclosure Of Personal Information

Please Sign This Form If You Agree To Its Terms

Because of the sensitive nature of the information that you disclose during naturopathic visits, maintaining privacy and protecting your personal information is of utmost importance.

My Privacy Policy is such 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;

My privacy protocols comply with privacy legislation and standards of the naturopathic profession's regulatory body.

How The Clinic Collects, Uses, And Discloses Patients' Personal Information:

I will be collecting, using, and disclosing information about you 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 allow me to efficiently follow-up 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 diseases and individuals who may be an imminent threat to harm themselves or others

Patient Consent

I have reviewed the information above, regarding the collection and use of my personal information. I agree that

the clinic can collect, use, and disclose personal information about me as set out above in the information about the clinic's privacy policies.

Patient Name

Signature of Patient, or of Parent or Guardian if patient is a minor

Date



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Informed Consent Form

Please note that this form must be printed off and signed prior to treatment

Naturopathic medicine is the treatment and prevention of diseases 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. The Naturopathic Doctor will take a thorough case history, and perform a physical examination, If your case requires, the physical may include more specific examinations such as breast, rectal, prostate or genital exams.

Potential Benefits of Naturopathic Medicine includes the restoration of health and the body's maximal functional capacity, relief of pain and other symptoms of disease, assistance in disease and injury recovery, and prevention of disease or its progression.

It is very important that you inform your Naturopathic Doctor immediately of any disease process from which you are suffering and any medications or over the counter drugs that you are currently taking. Please advise your Naturopathic Doctor immediately if you are pregnant, suspect you are pregnant or if you are breast-feeding.

You will receive information about your diagnosis and/or treatment, alternative courses of action, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

Your treatment will include, but will not be limited to any of the following core modalities and procedures in order to assess, treat, or otherwise address your health concerns:

- Therapeutic Nutrition: Dietary modification and/or prescription of nutritional supplements, which may include intramuscular or subcutaneous injections of vitamins;
- Acupuncture and Oriental Medicine: The insertion of very fine needles at specific locations on the body; prescribing oriental herbs;
- Botanical Medicine: Prescribing herbal substances, such as teas, tinctures, capsules, creams, or other forms;
- Homeopathy: Prescribing the diluted forms of plants, animal substances, or mineral substances according to The Law Of Similars to stimulate a healing response;
- Lifestyle Counselling: Recommendations on the use of food, diet planning, exercise, sleep hygiene, and stress reduction for benefits to health;
- Physical Medicine: soft tissue massage, stretching, traction, microcurrent electrotherapy;
- Naturopathic Manipulation: Spinal and peripheral joint manipulation to correct problems in spinal alignment or peripheral joint alignment;
- Diagnostic Procedures: Including, but not limited to physical examinations, neurological examinations, musculoskeletal examinations, hair analyses, blood, saliva, or urine lab tests.

There are some slight health risks associated with treatment by Naturopathic Medicine. These include but are not limited to:

- Homeopathic remedies may occasionally result in the aggravation of pre-existing symptoms. When this occurs, the duration is usually short.
- A small subset of patients experience allergic reactions to certain supplements or herbs. Please advise the Naturopathic Doctor of any allergies you may have.
- Pain, bruising or injury from acupuncture or injection.



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- Fainting or puncturing of an organ with acupuncture needles.
- Rarely, muscle strains or ligament sprains from naturopathic manipulation. This may intensify soreness and pain temporarily, and increase the need for treatment; but in most every case, the issue resolves completely, and there are no long term effects to the patient. These problems happens so rarely that there are no statistics to quantify their probability.
- Although naturopathic manipulation is used to treat disc herniations successfully, there is a very small risk that an adjustment can aggravate a disc injury, or can cause a disc herniation if the disc is already damaged or weakened. These problems occur so rarely, that there are no statistics to quantify their probability.
- Rarely, naturopathic adjustment(s) may result in rib fracture. This risk is increased in elderly, or in patients with osteoporosis. The Naturopathic Doctor adjusts all patients very carefully, but especially the elderly patients with osteoporosis. Rib fracture occurs so rarely that there are no available statistics to quantify their probability.
- Stroke is VERY uncommon, but it is the most serious possible complication from a neck manipulation. In the May 1994 Chiropractic Report, it states: **“By any medical standard, cervical adjustments are extremely safe treatments. Vertebral artery injury causing stroke is the only serious potential complication. There is a risk rate (incidence) of about .0002%, or one case in two million.”** In another study, (Journal of CCA, Vol. 37, No. 2, June 1993) they estimate that **the risk of this type of stroke is .0003%, one in three million.** The Naturopathic Doctor does an in-depth screening prior to adjusting the neck.

The Naturopathic Doctor is trained to handle emergencies should the need arise.

Please Read And If You Agree Sign The Bottom

I recognize that even the gentlest of therapies potentially have their complications in certain physiological conditions, in very young children, or in people on multiple medications. I acknowledge that the information I have provided is complete and inclusive of health concerns, including risks of pregnancy; and all medications, including supplements and over the counter drugs.

I understand that I may ask questions regarding my treatment before signing this form, and that I am free to withdraw consent and discontinue participation in these procedures at any time.

I realize that no guarantees have been given by the Naturopathic Doctor regarding cure or improvement of my condition.

I accept full responsibility for any fees incurred during the course of care and treatment.

(Guardian Name—please print)

(Patient Name—please print)

(Guardian Signature)

(Patient Signature)

(Relationship to the Patient)

(Date)

Child Intake Form

Name: _____ Sex: M F Date of Birth: _____

Address: _____ Apt #: _____ City: _____ Postal Code: _____

Home Phone: _____ Mother's/Guardian's Name: _____

Father's/Guardian's Name: _____ Parents' Marital Status: S M D W Sep

How did you hear of this office? _____

Emergency Contact: _____ Relation: _____ Tel. #: _____

Major Health Concerns In Order Of Importance

Health Concern	Since When?	Causes

What Medications Is Your Child Currently Taking?

Medication	Quantity	Since When?	Adverse Effects

What Supplements, Herbs, or Homeopathic Remedies Is Your Child Taking?

Supplement	Quantity	Since	Results

How many times have you been on antibiotics? _____ This past year? _____

Which of The Following Conditions Has Your Child Had?

- | | | | | | |
|-------------|------------------------|----------------|-----------------|------------------------------|----------------|
| Abscesses | Cold Sores | Gout | Measles | Sexual Abuse | Tonsillitis |
| Allergies | Depression | Hay Fever | Mononucleosis | Sexually Transmitted Disease | Tuberculosis |
| Amnesia | Diabetes | Heart Disease | Mumps | Skin Disease | Typhoid Fever |
| Arthritis | Eczema | Hepatitis | Parasites | Strep Throat | Warts |
| Asthma | Epilepsy | Influenza | Pneumonia | Sinusitis | Whooping cough |
| Bed-Wetting | Fetal Alcohol Syndrome | Kidney Disease | Rheumatic fever | Sunstroke | Worms |
| Cancer | Goiter | Leukemia | Rubella | | Yellow Fever |
| Chicken Pox | | Malaria | Scarlet Fever | | |

Any other major conditions? _____

Are there any of the preceding conditions after which your child has not been totally well again, or which has been more severe than usual? Which ones? _____

What Operations Has Your Child Had?

Operation	When	Complications

What Major Injuries Has Your Child Had?

Injury	When	Long Term Effects

What vaccinations have you had? _____

Any adverse effects from them? _____

How Much of the Following Does Your Child Consume Per Day or Week?

Sugary Foods:	Fried Foods:	Pop:
Fast Foods:	Chocolate/Cola/Tea/Coffee	Water:

How many hours of Reading _____, TV watching _____, Computer _____, Physical Activity _____ per day does your child do?

What are your child's favourite activities? _____

Indicate Below Which of the Following Ailments, Or Any Other Major Ailments, Have Affected Your Child's Relatives

Alcoholism	Asthma	Diabetes	Gout	Insanity	Skin Disease
Allergies	Cancer	Epilepsy	Hay Fever	Paralysis	Syphilis
Arthritis	Depression	Gonorrhea	Heart Disease	Pneumonia	Tuberculosis

Relative	Age if Alive	Age at Death	Ailments
Mother:			
Father:			
Sisters:			
Brothers:			
Children:			
Maternal Grandmother:			
Maternal Grandfather:			
Maternal Aunts/Uncles:			
Paternal Grandmother:			
Paternal Grandfather:			
Paternal Aunts/Uncles:			

Would you like to be included on my e-list to receive quarterly e-newsletters? _____

Email Address: _____