



Dr. Rebecca Kellerstein N.D.

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

Dear Patient,

I am thrilled that you have chosen me to be a part of your health care team and I look forward to meeting you in the very near future. To properly prepare for the initial visit, please fill out the forms enclosed in this package and bring them with you to the first visit. Included in the package are the initial intake forms, the review of systems sheet, and a diet diary sheet on which to record what you eat and drink for the next 7 days. Please also take some time to read over and sign the privacy policy and informed consent sheets. If you have recent blood work or other diagnostic test results pertaining to your health concerns, please bring copies with you to the initial appointment.

You can expect your first visit to last 2 hours. During this time, we will discuss your health history in detail and a physical exam will be performed. We will then address how you can best be treated. If there are any laboratory tests that I feel would assist me with your health concerns, we would discuss what they are and how they may help. At the end of the visit, you have the option to purchase your supplements, botanicals, or homeopathic medicines from me or you may go to the supplier of your choice.

The first follow-up visit is typically 45 minutes long. During that visit, we will go review your progress comprehensively and modify your treatments accordingly. Standard subsequent visits after that, in which your health concerns are reviewed and treatments are fine-tuned, are typically 30 minutes. Sometimes more time is necessary for a subsequent visit, especially if you have a lot of information to relay or if you have a lot of questions about your health. If you know in advance that you will require more time than the standard 30 minutes, please request the extra time upon scheduling your appointment. If you have booked the standard time for a subsequent visit and realize during the appointment that more time is necessary, we will schedule the extra time at a later date.

Payment is due at the end of each visit in the form of Cash, Debit, Visa, or Mastercard. My fee schedule is listed on the Limitless Health Clinic Website at limitlesshealthclinic.com/doctors/rebecca-kellerstein. Please remember that many extended health insurance plans cover all or a portion of the visit costs. If you are covered, please retain your receipt and send it to your insurance company for reimbursement.

Please note that if you need to cancel your appointment, you must give me at least 48 hours notice. If you are sick, we can still keep the appointment and conduct our visit virtually. If, however, you miss your appointment and do not give at least 48 hours notice, the full appointment fee will be charged.

Occasionally, you may want to get in contact with via email. Please note that I will answer general questions via email; but because of privacy policy issues, I will not answer questions relating to your specific health concerns online. Instead I will advise you to book an appointment for an appropriate length of time so that we can discuss your health concerns fully and privately. Please also note that if your general questions require a very lengthy answer, I may also advise you to book an appointment so that we can discuss your question thoroughly.

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. Rebecca Kellerstein N.D.

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.

With the rise in popularity of virtual appointments, many people are choosing to relay information over email, texts, or apps such as WhatsApp. Please note that while WhatsApp video calls are end-to-end encrypted, text messages are not. Please also note that privacy cannot be guaranteed when using emails or texts to relay information. If you have questions, concerns, or new health matters which arise and need addressing, please book an appointment to discuss these concerns rather than issuing a detailed text, email, or WhatsApp message.

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 and 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

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 happen 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.

((Patient Name—please print))

((Patient Signature))

((Date))

Intake Form

Name: _____ Birth Gender: M F Gender: _____

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

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birthdate (Month/Day/Year): _____ Email: _____

Marital Status: S M D W Sep Number of Children: _____ Occupation: _____

How did you hear of this office? _____

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

Major Health Concerns In Order Of Importance For You

Health Concern	Since When?	Causes

What Medications Are You Currently Taking?

Medication	Quantity	Since When?	Adverse Effects

What Supplements, Herbs, or Homeopathic Remedies Are You Taking?

Supplement	Quantity	Since	Results

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

Which of The Following Conditions Have You Had?

Abscesses	Cold Sores	Gout	Malaria	Peritonitis	Skin Disease	Typhoid Fever
Alcoholism	Depression	Hay Fever	Measles	Pleurisy	Strep Throat	Venereal Warts
Allergies	Diabetes	Heart Disease	Miscarriage	Pneumonia	Sinusitis	Warts
Amnesia	Emphysema	Hepatitis	Mononucleosis	Prostatitis	Sunstroke	Whooping
Arthritis	Epilepsy	Herpes-Genital	Mumps	Rheumatic fever	Stroke	cough
Asthma	Gallstones	Influenza	Parasites	Rubella	Syphilis	Worms
Cancer	Goitre	Kidney Disease	Pelvic Inflammatory disease	Scarlet Fever	Tonsillitis	Yellow Fever
Chicken Pox	Gonorrhea	Leukemia		Sexual Abuse	Tuberculosis	

Any other major conditions? _____

Are there any of the preceding conditions after which you have not been totally well again, or which have been more severe than usual? Which ones?

What Operations Have You Had?

Operation	When	Complications

What Major Injuries Have You Had?

Injury	When	Long Term Effects

Age of First Period: _____ Number of Pregnancies: _____

What vaccinations have you had? _____

Any adverse effects from them? _____

Have you lost any weight lately? _____ How many pounds? _____ Was the weight loss intentional? _____

What exercise do you do, and how much? _____

How Much of the Following Substances Are You Using?

Tobacco:	Alcohol:
Coffee/Non-Herbal Tea:	Recreational Drugs:

Indicate Below Which of the Following Ailments Or Any Other Major Ailments Have Affected Your 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:			

Are You Currently Under The Care of (An)other Physician(s)?

Physician	For What Conditions?	Treatments

Have You Been Treated With Naturopathic Medicine Before?

Physician	For What Conditions?	When?

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

Review Of Systems

Please circle those symptoms you have currently (meaning within the last 3 weeks). Please place a "P" beside the symptoms you have had in the past.

General

General weakness _____ Chronic fever _____ Chills _____
Fatigue _____ Significant weight change (more than 5 lbs) within past year _____

Skin

Change in hair _____ Change in skin colour _____ Change in nails _____
Yellow/thickened nails _____ Change in mole _____ Night sweats _____
Dryness _____ Itching _____ Lumps _____
Sores _____ Ulcers _____ Acne _____
Boils _____

Head

Headache _____ Head injury _____ Dizziness _____

Eye

Pain _____ Excessive tearing _____ Flashing lights _____
Redness _____ Double vision _____ Halos around objects _____
Itching _____ Blurred vision _____ Sensitivity to sunlight _____
Dryness _____ Loss of vision _____ Specks in vision _____
Discharge

Ear

Frequent earaches _____ Ringing in ears _____ Bleeding from ears _____
Frequent ear infections _____ Hearing loss _____ Discharge from ears _____

Nose & Sinuses

Frequent colds _____ Frequent discharge _____ Sinus trouble _____
Frequent nosebleeds _____ Stuffiness _____

Mouth & Throat

Bleeding gums _____ Mouth/tongue ulcers _____ Dental cavities _____
Sore tongue/mouth _____ Frequent sore throats _____ Loss of taste _____
Dry mouth _____ Persistent hoarseness _____

Neck

Lumps _____ Swollen glands _____ Neck pain/stiffness _____ Goiter _____

Breast

Lumps _____ Breast pain _____ Discomfort _____
Nipple discharge _____ Inverted nipple _____

Lungs

Persistent cough _____ Bloody sputum _____ Chronic sputum _____
Wheezing _____ Shortness of breath _____ Pain on breathing _____
Chronic bronchitis _____ Pneumonia _____ Tuberculosis _____
Emphysema _____

Heart

Heart disease _____ Chest pain/discomfort _____ Heart palpitations _____
High blood pressure _____ Ankle swelling _____ Blue-tinged lips _____
Blue-tinged fingernails _____ Rheumatic fever _____ Heart murmur _____

Gastrointestinal

Difficulty swallowing _____ Heartburn _____ Poor appetite _____
Nausea _____ Vomiting _____ Vomiting blood _____
Constipation/diarrhea _____ Incontinence _____ Black/tarry stools _____
Clay-coloured stools _____ Abdominal pain _____ Excess belching/passing gas _____
Yellow skin &/or eyes _____ Rectal bleeding _____ Hemorrhoids _____

Urination

Pain on urination _____ Bloody urine _____ Brown-coloured urine _____
Urgency _____ Frequency _____ Hesitancy _____
Pass a large/small amount each time _____ Must wake from sleep to urinate _____ Decreased force of stream _____
Kidney stones _____ Incontinence _____ Dribbling _____

Genital (Male)

Discharge _____ Sores _____ Genital warts _____
Testicular pain _____ Testicular lumps _____ Impotence _____
Premature ejaculations _____ Hernia _____ Sexual difficulty _____

Genital (Female)

Irregular periods _____

Painful periods _____

Difficulty conceiving _____

Genital warts _____

Sores _____

Bleeding between periods/after intercourse _____

Pain during intercourse _____

Abortion _____

Chronic discharge _____

Lumps _____

No periods _____

Post-menopausal bleeding _____

Miscarriage _____

Itching _____

Sexual difficulty _____

Circulation

Easy bruising/bleeding _____

Clots in the veins _____

Varicose veins _____

Swelling in arms/legs _____

Transfusion _____

Swollen lymph nodes _____

Leg cramps _____

Ulcers on extremities _____

Deep leg pain _____

Cold hands/feet _____

Numb hands/feet _____

Skeletal System

Muscle pain/stiffness _____

Muscle weakness _____

Joint pain/stiffness _____

Backache _____

Muscle spasms/cramps _____

Joint swelling _____

Nervous System

Memory loss _____

Paralysis _____

Pins & needles sensation _____

Speech problems _____

Fainting _____

Numbness _____

Involuntary movements _____

Seizures _____

Loss of sensation _____

Loss of balance _____

Endocrine System

Heat intolerance _____

Excessive thirst/hunger _____

Cold intolerance _____

Excessive urination _____

Excessive sweating _____

Lack of thirst/hunger _____

Emotional State

Depression _____

Phobias _____

Mood swings _____

Insomnia _____

Anxiety/nervousness _____

Alcohol/drug abuse _____