



Dr. Rebecca Kellerstein N.D.

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

Dear Parents,

I am thrilled that you have chosen me to be a part of your child's 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 and a diet diary sheet on which to record what your child eats and drinks for the next 7 days. Please also take some time to read over and sign the privacy policy and informed consent sheets on your child's behalf if your child is not 18 years old or older. If you have recent blood work or other diagnostic test results pertaining to your son's or daughter's health concerns, please bring copies with you to the initial appointment.

You can expect the first visit to last 1-1/2 hours. During this time, we will discuss your child's health history in detail and a physical exam will be performed. We will then address how he or she can best be treated. If there are any laboratory tests that I feel would assist me with his/her 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 child's progress comprehensively and modify their treatments accordingly. Standard subsequent visits after that, in which your child's 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 child's 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 child's 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 child's appointment, you must give me at least 48 hours notice. If you or your child are sick, we can still keep the appointment and conduct our visit virtually. If, however, you miss the 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 child's 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 child's 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

Name of Parent/Guardian

Signature of Parent/Guardian

Date

Intake Form

Name: _____ Birth Gender: M F Gender: _____

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

Birthdate (Month/Day/Year): _____ Cell/Home Phone: _____

Email: _____ Mother/Guardian's Name: _____

Mother/Guardian's Cell #: _____ Father/Guardian's Name: _____

Father/Guardian's Cell #: _____) _____ Parent Email: _____

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 Has Your Child Had?

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

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? _____

Any stresses that your child is under? _____

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:			

Is there anything of importance that has not been listed that I should know about regarding the physical/mental/emotional health of your child?

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