



# 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 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 there are a lot of health concerns to address or if there are 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](http://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 is 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 may not be. 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.

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Patient Name

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Signature of Patient

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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 Patient

\_\_\_\_\_  
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 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 \_\_\_\_\_

Stiffness \_\_\_\_\_

### 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 \_\_\_\_\_