

**ROB AYOUP  
NATUROPATHIC DOCTOR**

**Pediatric Medical Intake**

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex M F

Address \_\_\_\_\_ Phone Home \_\_\_\_\_ May messages be  
\_\_\_\_\_ Work \_\_\_\_\_ left relating to your  
\_\_\_\_\_ Other \_\_\_\_\_ visits? Y N  
\_\_\_\_\_

Guardian Name \_\_\_\_\_  
Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Other healthcare providers (MDs, Pediatrician, etc)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

**Chief Concerns**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Are these the chief concerns of the \_\_\_ parent(s)? \_\_\_ child? \_\_\_ Other (ex teacher)?

**Medical History**

***Birth history***

Please indicate any complications during pregnancy and/or after birth relating to the mother or child

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Has your child experienced any serious conditions, illnesses, operations and any hospitalizations (along with approximate dates)

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Please indicate any known allergies (medicines, environmental, etc.)

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Please list all pharmaceutical medications *currently* being taken (prescription or over-the-counter) and dosages

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Please list *past* pharmaceutical medications

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Please list *current natural* medications (vitamins, herbs, homeopathics, etc.)

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If applicable, how often has there been treatment with antibiotics? \_\_\_\_\_

Please indicate which immunizations have been received

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> DPT (diphtheria, pertussis, tetanus) | <input type="checkbox"/> Hepatitis A |
| <input type="checkbox"/> Tetanus booster; when? _____         | <input type="checkbox"/> Hepatitis B |
| <input type="checkbox"/> MMR (measles, mumps, rubella)        |                                      |
| <input type="checkbox"/> Haemophilus influenza B              | <input type="checkbox"/> Smallpox    |
| <input type="checkbox"/> Flu shot                             | <input type="checkbox"/> Polio       |

Please indicate if any caused adverse reactions

\_\_\_\_\_

***Feeding History***

Presence of any food allergies or intolerances? Please list

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

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

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

For infant:

Method of feeding (breast, bottle, both): \_\_\_\_\_  
Type of formula used: \_\_\_\_\_  
Introduction of solid foods: \_\_\_\_\_  
Water source (tap, filtered, etc.): \_\_\_\_\_

For child:

Eating habits (likes & dislikes): \_\_\_\_\_  
Typical types and amount of foods eaten:

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

***Growth & Development History***

Has there been any problems of delayed physical growth?

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

Has there been any problems related to the following areas?:

Sleep: \_\_\_\_\_  
Toileting: \_\_\_\_\_  
Speech: \_\_\_\_\_  
Personality: \_\_\_\_\_  
Discipline: \_\_\_\_\_  
School-related: \_\_\_\_\_

**Environment**

Occupation \_\_\_\_\_

Is your child exposed to significant tobacco smoke? Yes No

How would you describe the emotional climate of your child's home?

\_\_\_\_\_

\_\_\_\_\_

Is there anything that you feel is important that has not been covered?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate how you heard of Rob Ayoup, ND

From a friend

Seminar/Info Session

Pamphlet

VIVA Magazine

From another healthcare professional

From ad

## **DR ROB AYOUP, ND: INFORMED CONSENT**

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopaths 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.

A number of different approaches are used. Diet and nutritional supplements, botanical medicine, homeopathy, Asian medicine and acupuncture, hydrotherapy, physical medicine and lifestyle counselling are the mainstays of naturopathic medicine.

***Individual diets and nutritional supplements*** are recommended to address deficiencies, treat disease processes and promote health. The benefits include increased energy, increased gastrointestinal function, improved immunity and general well being.

***Botanical Medicine*** is a plant based medicine using herbal teas, tinctures, capsules and other forms of herbal preparations to assist in the recovery from injury and disease. These compounds are also used to boost the body's immune system and prevent disease.

***Homeopathy*** is a form of medicine based on the Laws of Similars – that is the use of tiny doses of the very thing that causes symptoms in healthy people. These minute doses of plant, animal or mineral origins are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool and effects healing on a physical and emotional level.

***Asian Medicine*** includes acupuncture, as well as the use of botanical formulas and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized needles through the skin into underlying tissues at specific points on the surface of the body. Sometimes moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Botanical formulas may be given in the form of pills, tinctures or decoctions (strong teas) to be taken internally or used externally as a wash. Herbal formulas may include shell, mineral and animal materials as well as plants. Dietary advice is based on traditional Chinese medical theory.

I understand that I must notify Dr Rob Ayoup ND concerning the presence or development of any of the following:

- Abnormal blood coagulation; use of blood thinning medication
- Presence of heart disease/pacemaker
- High blood pressure
- Diabetes, Epilepsy
- Severe migraines (3+ migraines/week)
- Former cosmetic/plastic surgery (including use of Botox, Hyaform, Restylane, Arecoll, or fat transfer)
- Known Pregnancy
- If I am currently experiencing a cold sore (herpes), allergic reaction, common cold/flu

I understand that Dr Rob Ayoup ND will communicate possible expected results using cosmetic (facial/cellulite) acupuncture, however *I understand that results cannot be guaranteed*

As Naturopathic Medicine is a holistic approach to health, lifestyle is considered relevant to most health problems. Rob Ayoup, ND, will help you identify risk factors and make recommendations to help you optimize your physical, mental and emotional environment.

Rob Ayoup, ND will take a thorough case history, and perform a screening/focused physical examination. If your case requires, the physical may include more specific examinations such as breast, rectal, prostate or genital exams, as well as in-office urine analysis.

Even the gentlest therapies have their complications in certain physiological conditions such as pregnancy and lactation, in very young children, or those with multiple medications. Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important therefore that you inform Rob Ayoup, ND immediately of any disease process that you are suffering from, if you are on any medication or over the counter drugs. If you are pregnant, suspect you are pregnant or you are breast-feeding; please advise your intern immediately.

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

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from acupuncture
- Fainting or puncturing of an organ with acupuncture needles
- Muscle strains and sprains, disc injures from spinal manipulation.

I understand that a record will be kept of the health services provided to me. This record will be kept confidential and will not be released to others unless so directed by myself unless law requires it. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the practitioner will answer any questions that I have to the best of his/her ability. I understand that the results are not guaranteed. I do not expect Rob Ayoup, ND to be able to anticipate and explain all risks and complications. I will rely on Rob Ayoup, ND to exercise judgment during the course of the procedure which they feel at that time is in my best interests, based on the facts then known. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: (please list exceptions below):

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I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

I understand that it is my full responsibility to be aware of the details of my coverage regarding any Extended Healthcare Plan. I do not hold Rob Ayoup ND liable for any misinterpretation regarding reimbursement of paid services between myself and my healthcare insurance company.

Patient Name: (Please Print) \_\_\_\_\_

Signature of Patient or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_