



1400 Greenwood Hill Rd.
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www.greenwoodclinic.ca

Dear New Patient,

Welcome to Greenwood Wellness Clinic. We believe in a holistic approach to health with a focus on prevention and treatment of disease using natural methods. We look forward to working with you to achieve all of your health goals. In booking an appointment with us you are taking an active role in your health care - a key component to achieving optimum health and well-being.

Before your visit, please take the time to fill out the intake form and diet diary. Your responses provide valuable information that is incorporated into a comprehensive assessment and finally a personalized treatment plan. Typically an initial visit will be 1½ - 2 hours in length. It consists of a detailed review of the intake form and any other important information that arises. Most new patients undergo a Biological Terrain Assessment and darkfield microscopy exam – please talk to our staff or check our website to determine if these tests are appropriate for you and for instructions. In addition, a complaint-oriented physical exam will be performed and specific lab testing completed based on each individual case. It is also important that if you have had any laboratory testing done within the past 6 months to bring a copy of these results with you on your first visit. If you have any difficulty gaining access to these documents, you can contact our office and we will provide a "Release of Records" form to assist you.

Based on all of this information a personalized treatment plan will be developed. Treatments may include dietary and lifestyle changes, nutritional supplementation, botanical medicines, homeopathic remedies and/or acupuncture. Your progress will be assessed on follow-up visits and tests repeated as needed. The length of treatment and frequency of follow-up visits varies with each individual. If you have any questions during any part of your visit, please do not hesitate to ask. It is our goal to provide you with as much information as possible and to make your visits as satisfying as possible.

Please ask our staff or see our website for directions to the clinic. On arrival, please come to the lower level entrance. If you have not yet filled out the intake form please plan to arrive 15 minutes early. Please contact our office for details on our fee schedule. Payment is appreciated upon rendering of services. The clinic accepts Visa, MasterCard, cheque and/or cash for services. Please note that our office is scent free to respect those clients with allergies or sensitivities.

We look forward to working with you and improving your health holistically.

Lindsay Bast, B.Sc., Naturopathic Doctor
John Pronk, B.Sc., Naturopathic Doctor

A holistic approach to health



Adult Intake Form

Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ Work: _____ Fax: _____

Email address: _____ Cell: _____

May we leave messages related to your visits? Y / N

Occupation: _____

Referred by: _____

Emergency Contact name: _____

Telephone: _____ Relation: _____

I would like to receive the Greenwood Newsletter (2-3 times/year)? Y / N

I would like to receive the newsletter by: Email Mail

1. What are your current health concerns?

2. List any significant past illnesses, surgeries or hospitalizations and approximate dates

3. Do you have any allergies or sensitivities?

4. List any current prescription and over the counter medication with dosages

5. List any supplements, homeopathics or botanicals you are currently taking (with dosages) as well as any other forms of treatment you are receiving (e.g. massage, chiropractic)

6. Do you use any of the following?

Alcohol—how much/day or week _____

Tobacco—form and amount /day _____

Caffeine—form and amount/day _____

7. Do you participate in any regular physical activity? Please describe what form and how often.

8. Indicate if a close relative (parent, grandparent, sibling or child) has had any of the following:

Condition	Relative	Condition	Relative
Allergies		Heart disease	
Arthritis		High blood pressure	
Asthma		Kidney Disease	
Cancer		Thyroid condition	
Diabetes		Other	

I don't know my family medical history

9. Please describe any other symptoms you experience in your...

Head _____

Eyes _____

Ears _____

Nose _____

Mouth _____

Tongue _____

Teeth _____

Face _____

Neck _____

Shoulders _____

Chest _____

Stomach _____

Back _____

Buttocks _____

Groin _____

Hips/thighs _____

Knees _____

Legs _____

Ankles _____

Feet _____

10. How stressful do you consider your work or other aspects of your life?

11. What emotions do you feel most commonly and most strongly?

12. Is there anything important that you feel has not been covered? (please use another page if needed)

