



WELCOME TO INTEGRATIVE FORT LANGLEY

On behalf of the entire team, welcome to Integrative Naturopathic Medical Centre Fort Langley. To get you better prepared for your initial visit, please ensure to read and complete this entire package as it contains information required by your Naturopathic Doctor and important patient policies. We like to be upfront to avoid any possible confusion or inconvenience, and to ensure you have the best experience possible.

INCLUDED IN THESE FORMS

- Patient Intake Information
- Consents and Missed Appointment Policy

Our Location

#202-23242 Mavis Avenue
Fort Langley, BC V1M 2R4

Office Hours

Mon-Fri 9:00am – 5:00pm
Sat 9:00am – 5:00pm

Running Late?

Please contact the front desk to inform us.

Contact Us

Phone: (778) 308-0101
Email: fortreception@integrative.ca

Cancellation Policy

2-business days
Monday through Friday

Phone Hours

Mon-Fri 9:00am – 4:30pm
Sat 9:00am – 4:30pm

Parking?

Parking in Fort Langley is limited and mostly street parking. To ensure you don't feel rushed, please plan to arrive 30 minutes early to allow time to find a spot.

All questions in this questionnaire are strictly confidential and will become part of your medical record.

How Did You Hear About Us?

- Google Search Social Media Word of Mouth Referral _____
- Google Ads Website Event/Workshop Newsletter/Email

Today's Date:			
Full Name:			Middle Name:
Health Card # (PHN):			
Date of Birth:		Gender:	
Address:			
City:	Province:	Postal Code:	Country:
Mobile No.:		Home Phone:	
Work Phone:		Occupation:	
Email:			

Medical Doctor:	Contact No.:
Other Health Care Provider:	Contact No.:

In Case of Emergency, Notify:

Relation:	Contact No.:
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Allergies	Medications

How would you like to receive reminders for your upcoming appointments? (select one)

- Email:
- Text:

Would you like to receive emails that include newsletters, health tips, and upcoming events?	Yes	No
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Office Policy

Your appointment time will be reserved for you. If you are unable to keep the appointment, we will require 48-hours (2-business days) notice, otherwise it may be necessary to charge for the time lost.

Please provide some details about your current health:		
Have you had a positive pregnancy test in the past 7 days?	Yes	No
Are you aware of any structural abnormalities in your uterus?	Yes	No
Do you have an active pelvic infection, including bacterial vaginosis, vaginal candida, chlamydia, or gonorrhoea?	Yes	No
Do you have abnormal, undiagnosed uterine bleeding?	Yes	No
Do you have a blood coagulation disorder eg. Haemophilia?	Yes	No
Do you have heavy, painful periods?	Yes	No
Do you have a copper or nickel allergy?	Yes	No
Do you have a family history of cervical, breast, uterine cancer or other gynecological conditions such as endometriosis, fibroids or adenomyosis?	Yes	No

Please list any **prescribed medications, over-the-counter drugs, birth control or hormone replacement therapy** taken:

Medication	Age Started	Length of Use	Dose	Side Effects

What you can anticipate for this test:

For this test, you will need to undress from the waist down. You will be provided with a gown or a sheet to cover up. You then will need to lie back on the medical table and put your feet up into the stirrups. When you're comfortable, the Naturopathic Doctor will gently insert an instrument called a speculum into your vagina. The speculum holds the walls of the vagina open so that your cervix can be seen more clearly. Don't hesitate to ask questions or request to stop the test at any time if you feel uncomfortable.

The Naturopathic Doctor will use a small spatula or brush to collect some cells from your cervix. A swab will be taken at this time to assess your pH and check for BV. The Naturopathic Doctor will also do a bimanual exam to feel your uterus, ovaries and pelvic floor muscles. An additional check to ensure all external vulvar tissues appear healthy will be performed. Your results will be shared with you and the Naturopathic Doctor for any required follow up, and you can view your results online through your [Health Gateway](#).

Consent to Use Email Communications

Risks of Email Communication

Email is a widely used form of communication and can be convenient for patients to exchange information with a healthcare practitioner. However, using email to share medical information poses risks and the patient should be aware, understand and accept such risks including, but not limited to, the following:

- The privacy and security of email communication cannot be guaranteed
- Emails can be used to introduce viruses into computer systems
- Emails are easy to forge, easy to forward (sometimes accidentally) and may exist indefinitely

Conditions of Using Email

The healthcare practitioner/and or Integrative staff will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the healthcare practitioner/and or Integrative staff cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information. Therefore, the patient must consent to the use of email for patient information. Consent to the use of email includes agreement to the following conditions:

- Emails to and from the patient concerning diagnosis or treatment may be printed and placed into the patient's physical chart
- The healthcare practitioner may forward emails internally to the Integrative staff and to those involved, as necessary, for diagnosis, treatment, healthcare operations, and other handling
- The healthcare practitioner and/or Integrative staff is not responsible for information loss due to technical malfunctions
- The patient should not use email for emergencies or other time-sensitive matters
- The patient is responsible for updating email addresses and informing the healthcare practitioner and/or Integrative staff of any information that the patient does not want sent by email

Acknowledgement and Consent

Signature (Patient, Parent, or Guardian)	Date

Important Information

Missed Appointments and Cancellations

Your appointment time will be reserved for you. If you are unable to keep the appointment, we will require 48-hours (2-business days) notice, otherwise it may be necessary to charge for the time lost. Please note, late cancellations and no-shows are equivalent to a full appointment fee.

Fees

All visit charges are expected to be paid at the time service is rendered.

BC Medical Coverage

Generally, BC Medical Services Plan (MSP) will not cover any Chiropractic, Naturopathic or Massage Therapy visits. Patients who qualify for Premium Assistance are eligible for a total of 10 visits per calendar year. You will pay our normal fee and MSP will reimburse you directly. Please let the front desk know if you are on Premium Assistance.

Extended Medical

Your medical insurance policy is a contract between you and your insurance company. This office does not collect payment from any insurance company nor guarantee reimbursement. We can provide receipts that can be submitted to your extended medical plan.

Declaration and Informed Consent to Treat

This declaration is to acknowledge that I have been informed and understand that:

1. I am not limited to exclusive treatment from a Naturopathic Doctor. I may also continue to seek treatment and continue medical care from a medical doctor or other licensed health care provider.
2. I understand that video and listening devices are not permitted during a treatment/visit unless consent is given by my practitioner.
3. I authorize my Naturopathic Doctor to discuss and share my file with any or all of the Integrative Practitioners, if pertinent to my health care.
4. I understand that I will receive explanation of the treatments performed and foreseeable side effects of services that I will receive from my Naturopathic Doctor.
5. I hereby authorize and consent to Naturopathic treatment including dietary and lifestyle modification, botanical medicines, acupuncture, homeopathic medicines, and spinal manipulation.
6. I understand that treatment advice will not be given over the phone unless directly relating to specifics discussed during intake of case.
7. I agree to pay my account in full at the time of each visit or treatment unless otherwise arranged. This includes fee for Naturopathic services, cost of supplements and remedies, cost of laboratory tests and other fees.
8. I understand Integrative's **Missed Appointment Policy of 2 full business days** of notice of an appointment cancellation and that failure to give appropriate notice will result in a missed appointment charge up to the full charge of my appointment.

Please Sign and Date

I have read and understand the above declaration. No guarantee of successful treatment has been implied. I understand that I am entitled to a copy of this consent form upon request and that I may withdraw this consent upon request in writing at any time.

Patient Signature <i>(Parent, Legal Guardian or Relative)</i>	Date
Physician Declaration	
I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, the patient has been adequately informed and has consented.	
Practitioner Signature	Date