

# Roots to Health Naturopathic and Shiatsu Clinic

Welcome to Roots to Health Naturopathic and Shiatsu Clinic. This letter is meant to inform you of the policies and procedures in the clinic that may apply to you. If you have any comments or suggestions, please feel free to discuss them with us.

## **Booking Appointments:**

Although our clinic has been in operation for some time now, we do not have a full-time receptionist. It is, therefore, easiest to book your next appointment at the time of your visit. If, however, this is not convenient, please understand that you will likely have to leave a message and we will get back to you as soon as possible. If you are difficult to reach, leave some possible appointment times and we will do our best to book you and leave a message at the number you leave on our answering service confirming the time of your appointment.

## **Upon Arriving:**

### **Parking:**

You may park in either of the two available spaces on the west (left if facing the building) side or at the end of the driveway on the east (right) side. We prefer that you use the parking spots on the west side first. If all of the spaces are full, there are spots available on some of the side streets as well as metered parking on the south side (across the street) of West Main Street to the east (away from the bridge). Please note that there is no parking on Albina Street.

### **Entering the Office:**

Upon arriving, you may just come through the reception room door on the southwest (front left) of the building. Have a seat and make yourself comfortable. Feel free to browse through any information pamphlets that you find interesting

### **Your Visit:**

We will make a great effort not to keep patients waiting and you can help us by arriving for your appointment on time. If you arrive late, please understand that your appointment will only last the remaining time booked so that we do not keep our next patient waiting. We understand that there are times that being late can just not be helped and, when possible, in these situations a phone call would be greatly appreciated. You can just leave a message since there will not always be a receptionist to take your call.

If you know ahead of time that you will require extra time, please ask for the extra time when booking your appointment. You will be charged accordingly for the extra time.

### **Cancellations:**

If it is necessary to cancel an appointment, please call us as soon as possible. There will be a fee for missed appointments if you do not call.

### **Payment:**

Payment is due at the end of each visit and can be made in cash, or by debit, cheque, VISA or Mastercard.

### **Questions:**

If you have any questions or concerns please feel free to discuss them with us.

Dr. Carol Nigh, ND and Jason R. Hookey C.S.T.



Dr. Carol Nigh, ND

Roots to Health Naturopathic and Shiatsu Clinic  
106 West Main Street, Welland, ON L3C 5A1 (905) 714-0998

I am sending you a package of intake forms to complete before our first visit together. Please read the consent forms and complete all other forms and bring them with you to your first visit. All answers are strictly confidential.

We will be meeting at 106 West Main Street. Please note that we do not have a receptionist.

Your first visit will be approximately 90 minutes long. It will be spent going over your main health concerns and may include a physical examination. If we run out of time during this initial consultation, I will do the physical examination and collect all of the remaining relevant information required to make an assessment of your case in the second visit, which will last approximately 60 minutes. Since children have a shorter history and tend to have fewer concerns, I usually do not require 60 minutes for their second visit.

On or before your third visit, I will review my assessment with you and we will begin a treatment program. This program may include any combination of dietary recommendations, lifestyle changes, homeopathy, hydrotherapy, botanical medicine, Chinese medicine, acupuncture or nutritional supplements. Subsequent visits will be booked as necessary to review your progress and make appropriate changes to your program.

Fees are as follows:

	Adult	Children	Appointment Time
1 <sup>st</sup> Visit	\$165 90 min	\$100 ~60 min	60-90 minutes
2 <sup>nd</sup> Visit	\$110 60 min	Not usually necessary	60 minutes
Subsequent Visits	\$55 30 min	Same as adult	30 minutes

Payment for appointments is required at the end of each visit by cash, debit, cheque, VISA or MasterCard. There will be a \$35 service charge for all returned (NSF) cheques. Although OHIP does not cover naturopathic services, many extended health care plans offer partial or complete coverage. Official receipts will be issued at the end of each visit so that you may obtain reimbursement directly from your insurance company.

I look forward to meeting with you.

Sincerely,  
Dr. Carol Nigh, ND



Dr. Carol Nigh, ND  
Roots to Health Naturopathic and Shiatsu Clinic  
106 West Main Street, Welland, ON L3C 5A1 (905) 714-0998

### New Client Questionnaire

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ (full/part time?) Employer: \_\_\_\_\_

Nearest Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Name of Family Doctor? \_\_\_\_\_

Last physician or health practitioner seen? \_\_\_\_\_ When? \_\_\_\_\_

When was your last blood test? \_\_\_\_\_ Blood type: \_\_\_\_\_

❖ What is the main reason for your visit? Please list the first time you noticed the condition and any factors that may have played a role in its onset and continuation:

❖ Please list any other health concerns:

❖ Regarding your chief concern, have you tried any treatments? If so, what have been the results?

❖ Please list any accidents, traumas (physical &/or emotional), surgeries or hospitalizations and the dates they occurred:

❖ Please list any drugs or supplements that you are currently taking:

❖ Please list any allergies that you have:

❖ Please circle any medical condition experienced by a family member and write in how they are related:

<b>Condition</b>	<b>Family Member</b>	<b>Condition</b>	<b>Family Member</b>
Heart Disease		Mental Illness	
Cancer		Asthma	
Diabetes		Allergies	
Osteoarthritis		Psoriasis	
Rheumatoid Arthritis		Eczema	
Multiple Sclerosis		Alcoholism	
Tuberculosis		Other	



**Dr. Carol Nigh, ND**  
**Roots to Health Naturopathic and Shiatsu Clinic**  
 106 West Main Street, Welland, ON L3C 5A1 (905) 714-0998

### **Declaration and Consent to Treatment of a Minor**

*Each person seeking care in this clinic should understand that the practitioner is a Doctor of Naturopathic Medicine, not a Medical Doctor. If medical diagnosis or treatment is required, it must be obtained from a licensed Medical Doctor.*

*Naturopathy uses non-invasive methods for the assessment of disease and natural therapies for correction. The methods used in this clinic for assessment and therapeutics include: nutrition, botanical medicine, lifestyle modification techniques, homeopathy, hydrotherapy, detoxification techniques and acupuncture. Any treatment or diagnostic procedure may be declined or discontinued at any time.*

*Each person must sign this document before any treatment will be rendered.*

*My signature acknowledges that:*

- 1) *I have been informed of and I understand that:*
  - I. *The treatment(s) that this child receives at this office are different than those usually offered by a Medical Doctor or other licensed health care providers.*
  - II. *I am at liberty to seek or continue to seek medical care from a physician or surgeon or other health care provider qualified to practice in Ontario.*
  - III. *I confirm that neither Dr. Carol Nigh, ND nor anyone else in this office has suggested or recommended that I refrain from seeking or following the advice of another licensed health care provider in matters of this child.*
  
- 2) *I declare that I have received a full and complete explanation of the treatment or services that this child may receive at this office and hereby authorize and consent to treatment.*
  
- 3) *I agree to pay this child's full account at the time of each visit or treatment, including fees for services, costs of laboratory tests and any other fees incurred during his/her visit. I am aware that these fees are not covered by OHIP.*

I, \_\_\_\_\_, do hereby authorize Dr. Carol Nigh, ND to examine and administer Naturopathic care to my \_\_\_\_\_,  
 (Indicate Relationship)

\_\_\_\_\_  
 (Name of Child)

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

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



Roots to Health Naturopathic and Shiatsu Clinic  
106 West Main Street, Welland, ON L3C 5A1 (905) 714-0998  
**Dr. Carol Nigh, ND ~ Jason R. Hookey R.Ac.**

## **PATIENT CONSENT FORM FOR COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION**

Privacy of your personal information is an important part of our Clinic. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly. We will try to be as open and transparent as possible about the way we handle your personal information.

In this Clinic, Dr. Carol Nigh, N.D. acts as the Privacy Information Officer.

All staff members who come in contact with your personal information are aware of the sensitive nature of the information that you have disclosed to us. They are trained in the appropriate use and protection of your information.

Our privacy policy outlines what our Clinic is doing to ensure that:

- only necessary information is collected about you;
- we only share your information with your consent;
- storage, retention and destruction of your personal information complies with existing legislation, and privacy protection protocols;
- our privacy protocols comply with privacy legislation and standards of our regulatory bodies, the Board of Directors of Drugless Therapy – Naturopathy and the Shiatsu Therapy Association of Ontario, and the law.

Do not hesitate to discuss our policies with us.

### **How Our Clinic Collects, Uses and Discloses Patients' Personal Information**

Our Clinic understands the importance of protecting your personal information. To help you understand how we are doing that, we have outlined here how our Clinic is using and disclosing your information.

The Clinic will collect, use and disclose information about you for the following purposes:

- to deliver safe and efficient patient care
- to identify and ensure continuous high quality service
- to assess your health concerns
- to provide health care
- to advise you of treatment options
- to establish and maintain contact with you
- to send you newsletters and other information mailings
- to remind you of upcoming appointments
- to communicate with other treating health-care providers
- to allow us to efficiently follow-up for treatment, care and billing

- to complete claims for insurance purposes
- to comply with legal and regulatory requirements of our regulatory body, the Board of Directors of Drugless Therapy – Naturopathy acting under the authority of the Drugless Practitioners Act and the Shiatsu Therapy Association of Ontario
- to invoice for goods and services
- to process credit card payments
- to collect unpaid accounts
- to assist this Clinic to comply with all regulatory requirements
- to comply generally with the law
- to allow potential purchasers, practice brokers or advisors to conduct an audit in preparation for a practice sale.

By signing the consent section of this Patient /Consent Form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of your personal information as outlined above.

**Patient Consent**

I have reviewed the above information that explains how your Clinic will use my personal information, and the steps your Clinic is taking to protect my information.

I know that your Clinic has a privacy policy and I can ask to see that policy at any time.

I agree that Roots to Health Naturopathic and Shiatsu Clinic can collect, use and disclose personal information about \_\_\_\_\_ as set out above in the information  
(please print)

about the Clinic’s privacy policies.

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
date

\_\_\_\_\_  
signature of witness