Natural Wellness Centre

CONFIDENTIAL PATIENT RECORD

recent
patient photo

Patient Name:_____
(last name) (first) (initial)

Email _____

Home Address: _____

City: _____ Province: _____

Postal Code _____

Gender:_____

Present age: _____

Height: _____

Weight: _____

( ) - ( ) - ( ) -
mobile phone work phone home phone

/ /
month / day /year
Birthday

Where to go: 2nd floor, 1813 Halifax Street (Chinese Cultural Centre building). The door is typically kept locked. Ring the upper buzzer on your arrival. The clinic phone number is **306.525.5027**.

Payment Methods & Terms: We accept only cash, cheque or etransfers. Payment is due at the end of each session.

Fees: Consultation & treatment, late cancellation/missed appointment and late payment fees are posted on the website under 'Appointments'. You'll be informed when other purchases are required or recommended, along with pricing & available options. These may include lab tests, Naturopathic prescriptions, herbal medicine & supplements.

Insurance Coverage: If you have insurance with Naturopathic Medicine coverage, your receipt has all the information you require to submit a claim.

Punctuality: Our clinic runs on time and we do not double book. Occasionally, due to extenuating circumstances, there may be a brief wait. We do our best to respect your time!

Scent-free: Please refrain from wearing strong scents in the clinic.

Footwear: All outer footwear must be left on the shoe racks at the bottom of the stairs at the entrance way. The clinic is located upstairs. Feel free to bring indoor footwear.

Animals: service animals only.

Why have you come to the Natural Wellness Centre? _____

What other concerns do you have about your health? _____

_____

When was your most recent visit:

	Family medical doctor annual complete physical / blood test		Dental check-up, cleaning or repair
	Counsellor/Psychiatrist:		Optometrist eye check-up
	Specialist: for		

Medications you take now: (list them with dosages)

Supplements you take on a regular basis: (list them with dosages)

Do you eat three meals a day? Yes ☐ No ☐
Are your mealtimes regular? Yes ☐ No ☐
Do you frequently eat fast foods? Yes ☐ No ☐

Favourite Snacks	
Favourite Drinks	

List your intake:

Water _____ Litres per day	Alcohol _____ drinks per week
Coffee _____ cups per day	Smoking _____ packs per week
Recreational drugs	

SLEEP AND REST

In general, sleep is: (check what applies)

☐	REGULAR	☐	IRREGULAR	☐	RESTFUL	☐	DISRUPTED
☐	TOO LONG	☐	TOO SHORT	☐	FINE	☐	

Do you sleep well each night? Never ☐ Rarely ☐ Mostly ☐ Always ☐

Do you awake feeling rested and refreshed? Never ☐ Rarely ☐ Mostly ☐ Always ☐

List your hobbies and interests: _____

_____

What other activities are you involved with? _____

_____

What do you do for exercise? _____

Hours per day spent doing the following:

	Reading		Working on computer		Non-work screen time
	Homework		Housework		Job
	Sleeping		Exercise		Yard Work
	Other				

SYSTEMS REVIEW

Use a √ (checkmark) if current. Use a ***P*** if symptom within the past 3 years.
Leave a blank if you have neve**r** experienced the symptom within this time frame.

GENERAL			
	Unusual weight change		Weakness/fatigue
	Fevers/chills		Catch many seasonal colds and flues
HEAD			
	Headache/ head pain		Head injury
	Dizziness		Lice infestation
	Dandruff/dry, flaky scalp		Sweating
	Hair loss/patchiness		
SKIN			
	Rashes, eczema, hives		Hair loss
	Acne, boils, ulcers		Colour change
	Itching		Lumps
	Abnormal temperature (hot or cold)		Night sweats
	Chew nails		Dry skin
	Nail changes		Moist, clammy skin
	Bruise easily		Burn/skin irritates easily from sun
	Excessive hair growth		Skin reactions to (list):
EYES			
	Vision problems		Glaucoma
	Double vision or blurring		Eye accident/trauma

	Sensitive to sun or bright light		Itching
	Redness		Discharge
	Tearing or dryness		Drooping lids
	Eye pain		Other
EARS			
	Hearing loss		Earache/pain
	Hearing aid		Ringing or noises in ears
	Dizziness, poor balance		Infections
	Discharge or excessive wax		
NOSE and SINUSES			
	Colds or flues		Nose bleeds easily or randomly
	Stuffiness		Airborne allergies, sensitivities
	Sinus problems		Pain in nose or sinuses
	Lost sense of smell		Sore face
MOUTH and THROAT			
	Sore throat		Sore tongue/mouth
	Gum problems		Hoarse voice, loss of voice
	Cavities		Loss of taste
	Mouth discolouration (inside or out)		Crave particular food/taste
	Dry mouth		Mouth odour
	Unusual tongue coating/lack of		
NECK			
	Lumps		Swollen glands
	Pain or stiffness		
RESPIRATORY			
	Wheezing		Sputum
	Cough		Spitting up of blood
	Asthma		Bronchitis
	Emphysema		Pneumonia
	Pleurisy		Difficulty breathing
	Pain on breathing		Shortness of breath at night
	Tuberculosis		Shortness of breath lying down
	Sounds (sighing, whistling, rattling etc)		Snoring

CARDIOVASCULAR			
	Heart disease		Murmurs
	High blood pressure		Chest pain
	Low blood pressure		Anemia
	Heart or blood medications		Cyanosis
	Palpitations, fluttering, missed beat		Heart tests
	Angina		Heart surgery
	Heart attack		Pacemaker
	Stroke		
GASTROINTESTINAL			
	Bowel movement at least 1x daily		Ulcer
	Diarrhea		Hernias
	Constipation		Difficulty swallowing
	Body/breath odour		Jaundice
	Change in appetite		Change in thirst
	Frequent vomiting/ nausea		Craves a certain food or drink
	Stomach aches or abdominal pain		Belching or passing gas

	Liver disease, dysfunction		Passing undigested food in stool
	Gall bladder disease, dysfunction		Itchy/burning rectum
	Hemorrhoids		Food allergies, sensitivities
	Rectal bleeding or blood in stool		
GENITOURINARY			
	Burning or pain when urinating		Inability to hold urine
	Blood in urine		Hesitancy
	Frequent urination		Frequency at night
	Urinary tract infection		Unusual fears
	Urgency		Bed wetting
	Candida/yeast infection		Discharge
	Sexually transmitted disease (list:		

WOMEN'S HEALTH

	Irregular menses		Excessive flow/bleeding		
	Onset of menses (list your age:)		Excessive/abnormal pains		
Length of cycle in days: _____			Cycle is regular		Cycle is irregular
	Menopause (age of onset:)		Absence of menses (amenorrhea)		
	Hot flushes		Scanty flow		
	Mood changes		Pain during intercourse		
	Other sensations (nerve, vascular)		Pain during urination/defecation		
	Hormone therapy				

Are you, or could you be pregnant right now? Yes ☐ No ☐			
	Number of pregnancies		Number of births
Check the items which apply to you:			

Item	First Pregnancy	Second Pregnancy	Third Pregnancy
Infertility/Difficulty Conceiving			
Miscarriage, Spontaneous			
Abortion, Therapeutic			
Early			
To Term			
Late			
Anasthesia, Epidural			
Anasthesia, General			
Vaginal Delivery			
C-Section Delivery			
Induced Labour			
Complications in Delivery			
Other (please list)			

Use more paper if necessary

MEN'S HEALTH			
	Difficulty achieving erection		Prostate problems
	Difficulty maintaining erection		Prostate cancer
	Low sex drive		
MUSCULOSKELETAL			
	Joint pain or stiffness		Growing pain
	Arthritis/joint inflammation		Broken bone

	Muscle spasm, cramp, twitching		Weakness
	Back pain		Orthotics, braces, supports
	Surgery (muscle or joint related)		
PERIPHERAL VASCULAR			
	Deep leg pain		Ulcerations on skin
	Difficulty warming up		Skin discolourations, patchiness
	Cold hands/feet		Bruise easily
	Extremity numbness/coldness		Tendency to bleed
NEUROLOGIC			
	Feel dizzy or fainting spells		Seizures/ convulsions
	Muscle weakness		Paralysis
	Memory loss/poor memory		Numbness/tingling
	Poor balance		Involuntary movement/twitch
	Speech problems		
ENDOCRINE			
	Intolerance to heat or cold		Excessive thirst
	Diabetes		Excessive hunger
	Hypoglycemia		Excessive urination
	Hormone therapy		Excessive sweating
BLOOD/LYMPHATIC			
	Anemia		Past transfusion
	Lymph node swelling		Bleed/bruise easily
	Nosebleeds, easy or random		Infections last a long time
ALLERGIES			
	Reaction to past immunization		Pets, animals
	Food		Plants, flowers, Hay, weeds, grasses
	Fabrics		Medication/antibiotic
	Chemicals, plastics		Other:
	Air, environmental		
EMOTIONAL			
	Depression		Mood swings
	Anxiety or nervousness		Temper tantrums
	Attention deficit, difficulty concentrating		Unusual fears
	Insomnia		Nightmares
	Sleep problems		Cry easily
	Irritable/restless		Mental illness
	Delusions/hallucinations/visions		Consumed thought/OCD behaviour
	Treated for drug or alcohol dependence		
PAST SURGERIES			
	Tonsils		Other surgery or medical procedures (state:
	Appendix		
	Fractures, bones		Injury, trauma, accident
	Spine: muscle or bone		Neurological

HOME HEALTH

What is the present emotional climate of the home?

☐ Very Stable ☐ Stable ☐ Stressful ☐ Very Stressful

What is the present emotional climate of work?

☐ Very Stable ☐ Stable ☐ Stressful ☐ Very Stressful

Do any members of your household smoke? _____

Any concerns of environmental sensitivity or air quality issues in the home or work? _____

PAST HEALTH

What childhood illnesses have you had? √ **check** if yes. Also make a note if it was severe.

Illnesses: √ check if yes	age	**Illnesses: √ check if yes**	age
Roseola (Red Measles) ☐		Ear Infections ☐	
Rubella (German Measles) ☐		Pneumonia ☐	
Chicken Pox ☐		Rheumatic Fever ☐	
Mumps ☐		Allergies ☐	
Scarlet Fever ☐		Urinary Tract Infections ☐	
Pertussis (Whooping Cough) ☐		Frequent Colds ☐	
Strep Throat ☐		Impetigo ☐	
Tonsillitis ☐		Mononucleosis ☐	
Tuberculosis ☐		Other _____ ☐	

Please list the age of all immediate relatives living, or indicate the age at which they became deceased. (L = Living; D = Deceased)

Mother	Age	L ☐ D ☐	Father	Age	L ☐ D ☐
Brothers	Age	L ☐ D ☐	Sisters	Age	L ☐ D ☐
Children	Age	L ☐ D ☐	Other?	Age	L ☐ D ☐

FAMILY HEALTH

Indicate if there have been any of the following diseases in **grandparents (MGM, PGM, PGF, MGF), parents (M/F), brothers (B) or sisters (S)**. *Also indicate the number of relatives who had the disease:

	Diabetes		Cancer		Heart Disease
	Mental Illness		Alzheimer's Disease		Tuberculosis
	Arthritis		Hypertension		Allergies
	Goiter		Rheumatism		Kidney Disease
	Stomach Disorders		HIV/AIDS		Other
	Stroke		Mental/Physical Anomalies		

VITAMIN/MINERAL DEFICIENCY PATTERNS

	eyes can't adjust to darkness		cracks and sores at corner of mouth
	see poorly in dim light		red, sore tongue
	eyes have lost lustre, vision impaired, eyes dry and inflamed.		shiny tongue
	rough, scaly, dry skin, especially at elbows, knees, and buttocks		grit or sandy feeling in eyes
	unable to distinguish yellow and blue		eyes tire easily
	eyelids "glue" together, especially in morning		burning or itching of eyes
	loss of sense of smell		eyes sensitive to light
	loss of appetite or desire to eat		see many blood vessels at whites of eyes
	skin blemishes, liver spots, rashes		frequent sores on lips
	repeated or frequent bladder or urinary tract infection		female: itching vagina
	dry scalp, flakiness, dandruff		male: itching scrotum
	dry nose or throat		swelling or feeling of swelling of tongue
	brittle nails (fingers or toes)		muscle cramps in lower legs and feet
	ridges on nails (fingers or toes)		scaling around nose, mouth, forehead and ears
	frequent spells of fatigue		white bumps, especially bridge of nose and under eyelids
	frequent spells of diarrhea		spells of dizziness
	loss or decrease of hearing		oily skin and/or hair
	gall stones		excess watering of eyes
	kidney stones		cataracts (now or in past)
	recurrent sty's in eyes		lack of stamina or vigour
	frequently work in brightly lit area, fluorescent lights		unexplained weight loss
	frequently work in dimly lit area		total vitamin B2 Riboflavin (5c)
	female: spontaneous abortion		
	ulcers (stomach, duodenal, colon)		ringing sounds in ears
	frequent allergies of any kind		sore lips, mouth, or tongue
	frequent canker sores		loss of hair, thinning hair
	under constant stress, strain, tension		numbness and cramping in arms and/or legs
	total vitamin A (7b)		muscular weakness
			often nauseous or dizzy
	twitching of eye muscles		nervous, irritable or depressed
	swelling around eyes (puffy)		often confused
	frequent blood shot eyes		painful joints of fingers and hands
	fatigue easily or excessively tired		swelling of hands, feet or ankles
	loss of appetite or desire to eat		increased urination
	easily upset or irritable		low blood sugar (hypoglycemia)
	loss of strength in lower arms and legs		convulsions, black out spells
	hurt all over but can't pinpoint area		fainting spells
	tenderness of calf muscles		use oral contraceptives (now or in past)
	confusion and forgetfulness		eczema
	gastric distress, abdominal pains, indigestion, heartburn		require frequent dental visits for tooth decay
	constipation		kidney stones (now or in past)
	blood pressure bottom number over 90 or more		high cholesterol
	irregularities of heart beat		juvenile acne
	been told you have enlarged heart		frequent diarrhea
	delayed or slow reflexes		urine sometimes has greenish tint
	prickling sensation of lower extremities		burning sensation at feet
	total vitamin B1 Thiamine (4a)		total vitamin B6 Pyridoxine (5a)
	known to be anemic or have had pernicious anemia		muscular weakness
	soreness or weakness in arms and legs		generally fatigued
	arm and shoulder pain		loss of appetite or desire for food
	shooting pain in any part of the body		frequent indigestion and or diarrhea
	loss of appetite		red skin across nose, under eyes
	sore tongue		bad breath
	general muscle weakness		frequent canker sores
	inability to concentrate		can't fall asleep, or can't stay asleep
	painful facial muscles		hands and or feet go numb
	hot and cold sensations		irritable, easily upset
	feel like you've lost incentive in life		hands and or feet hot
	difficulty walking, stumble, shuffle feet		recurring headache
	stammering, words come out with difficulty		constant stress, strain, tension

	jerking sensation of limbs		deep depressed feeling
	total vitamin B12 Cobalamine (3a)		loss of memory
			dry, scaly patches where skin exposed to sunlight
	tongue often sore		burning sensation of the tongue
	frequent skin inflammations		tongue is dark red, and mouth is sore
	suffer from insomnia		chronic skin inflammation
	poor appetite		desire for alcohol
	frequently nauseous		total vitamin B3 Niacin (5c)
	total Biotin (1d)		
			have had sulfa drug therapy
	have eczema		extreme fatigue
	diagnosed with arteriosclerosis		anemic
	told you have high blood pressure (hypertension)		irritable
	problems losing weight		depressed
	diagnosed with myasthenia gravis		nervous
	total Choline (1d)		headaches
			constipation
	muscle pain		early greying of hair
	poor appetite		total PABA (2a)
	dry and/or peeling skin		
	lack of energy		subject to constant stress, pressure and tension
	sleeplessness, insomnia		chronic headache
	redness or inflammation of skin		physically feel weak
	mental depression		abnormally tired
	have heavily used sulfa drugs or antibiotics		frequent colds or upper respiratory infections
	bloating		suddenly feel dizzy
	gas		physically and or mentally overworked
	loss of desire to eat meat		feel light-headed when standing up or rising
	hungry at start of meal, but can eat very little		loss of feeling in hands and feet
	blood in urine		frequent stomach distress
	overweight		periods of deep depression
	total Lipotrophic factors (3a)		abdominal cramps or pain
			chronic constipation
	early greying of hair		have low blood sugar (hypoglycemia)
	inflamed, swollen tongue		diagnosed as arthritic
	change in bowel movements, or alternating hard and soft		attacks of vomiting
	easily fatigued		total vitamin B5 Pantothenic acid (4b)
	chronically fatigued		
	shortness of breath		intestinal malabsorption problems
	history of cleft palate		colitis, colon irritation or inflammation
	spells of dizziness		cuts bleed for a long time
	diagnosed with macrocytic anemia		needed antibiotic therapy in large or long doses
	use of oral contraceptives		gallbladder problems
	grey-brown pigmentation of skin, especially on face		total Vitamin K (1a)
	total Folic Acid (1a)		
	anemic		numbness and or tingling in arms and legs
	bleeding or inflamed gums		frequent muscle cramps
	bruise easily		vague pain in joints
	small red or pink spots just under skin		heart palpitations, flutters, irregular beats
	susceptible to infection, colds or flu		slow pulse
	shortness of breath		can't get to sleep or can't stay sleeping
	swollen or painful joints		female: menstrual cramps
	frequent nosebleeds		trembling fingers
	you are a smoker or exposed to second-hand smoke		dull back pain
	ruptured blood vessel in eye		frequent tooth decay
	fleeting joint pain, comes and goes		total Calcium (2d)
	known metal poisoning		have high cholesterol
	history of severe burn or sunburn		have diabetes
	total Vitamin C (3c)		have alcohol intolerance
			total Chromium (1a)

	unusual heart beat (varies fast to slow)		have weak hair and nails
	poor bone development		have fungus infection of nails
	muscle numbness, tingling or spasm		eyes sensitive to light
	had rickets, bow legs, knock knees or bone enlargement		total Copper (1a)
	tissues are flabby		are anemic
	dull pain in lower back and thighs		fingernails pale in colour
	abnormal number of cavities or tooth problems		dizzy spells
	deep pain in legs (bone pain)		tire easily or chronically fatigued
	diagnosed with osteomalacia (softening of bone)		difficulty breathing
	vague ache and pains		shortness of breath
	diagnosed with arthritis		cry easily without reason
	sore or tender in ribs or under breast bone		poor appetite
	stomach or gastric ulcer		fingernails flat and brittle
	total Vitamin D (5c)		pain in heels
			pain in fingertips
	have or had disc problem in spine		rapid heart rate
	changes in heart rate (fast to slow)		shoulder joints painful
	known heart problem		sleep daytime, sleepless at night
	female: one or more miscarriages		sensation of spots before eyes
	use mineral oil as laxative		constipation
	have seen fat in stool/stool looks oily		total Iron (4b)
	gall bladder problem		have dry tongue and shrunken, loose skin (dehydration)
	colon problem or colitis		feel exhausted all the time
	impaired circulation (cold spots or patchy skin)		prefer vegetables to meat or protein
	male: known sterility or loss of sex drive		prefer winter to summer
	female: menstrual pain or hot flashes		prefer mountains to seaside
	varicose veins		skin of face is more white than red
	chest pain and or pain in left arm		body disorders are usually on left side
	history of blood clot		total Sodium (2d)
	history of phlebitis (inflamed veins)		feeling of apprehension
	total Vitamin E (3c)		easily irritable
	brittle or lustreless hair		teeth sensitive
	finger or toenails brittle, break, peel or crack		twitching muscles
	have allergies of any type		loose teeth
	underweight and cannot gain weight		tremors in hands
	have skin disorder		irregular pulse or heart beat
	frequent diarrhea		constantly cold
	dandruff		muscle weakness
	kidney problem		frequent muscle cramps
	total EFA (2d)		convulsions or seizures
	wounds heal slowly		easily confused
	loss of sense of smell		dimmed vision
	loss of sense of taste		feeling disoriented
	diabetic		feel depressed frequently
	feel more tire than usual		total magnesium (3d)
	have acne		diagnosed with cancer now or in past
	male: have prostatitis		family history of cancer
	total zinc (2d)		you or your children have birth defects
	poor muscle coordination		total selenium (2d)
	prone to athletic injuries, strain injuries		
	as a child had poor eyesight		feeling cold even in warm environment
	as a child had poor hearing		low blood pressure
	diagnosed with myasthenia gravis or multiple sclerosis		tend to gain weight easily
	diabetic		dull pain under shoulder blades
	have allergies		sluggish metabolism
	attacks of dizziness		dry hair
	have bone deformities		brittle nails
	noises in ears		eyes sensitive to light
	total manganese (1d)		have recurrent sty's
	have pyorrhea (gum disease)		have high cholesterol

	often feel physically and mentally fatigued		decreased sex drive
	often feel breathing is irregular		dull headaches
	total phosphorous (1d)		swelling of eyes, hands and feet
	swelling of ankles and hands		have goitre (hypothyroid)
	occasional rapid heart rate for no reason		alternating fast and slow pulse
	feel as if muscles are too weak		total iodine (3d)
	have irregular heart beat		have indigestion
	risk of diabetes		excessive belching and gas
	prefer meat to vegetables and starches		suffer in hot weather
	prefer summer to winter		breathe heavily, hyperventilate
	prefer seaside to mountains		nervous without obvious cause
	skin of face is more red than white		diabetes or risk of
	body disorders are usually on rights side		on low salt diet
	total potassium (2d)		total chloride (2d)

YEAST LOAD ASSESSMENT

Section A: Health History: For each applicable response, circle the number in the score column.

Have taken antibiotic's in the past 5 years.	6
Have taken tetracycline's, or other antibiotics for acne for 1 month or longer at any time.	25
Have taken broad-spectrum antibiotics for an infection for 2 months or more, or several shorter courses of 4 or more times in one year, at any time in your life.	20
During any part of your life have been bothered by persistent prostatitis, vaginitis or any other reproductive organ problem.	25
Have been pregnant: pregnant only once, or 2 or more times	 3 5
Have taken birth control pill: 6 months to 2 years, or 2 years or more	 6 15
Have taken prednisone or other cortisone type drugs: 2 weeks or less, or More than 2 weeks	 6 15
Exposure to perfumes, insecticides, fabric shop odours and other chemicals provokes: Mild symptoms, or Moderate to severe symptoms	 5 20
Symptoms are worse on damp, humid days or in mould, musty areas.	20
Have had athlete's foot, ringworm or any other fungal type infection of the skin or nails. Mild to moderate, or Severe and persistent	 10 20
Crave sugar and sweets	10
Crave breads, baked goods and pastries	10
Crave alcoholic beverages	10
Tobacco smoke really irritates	10
Total Section A	

For each symptom that applies, enter the appropriate score in the columns.

Section B: Primary Symptoms

Occasional or mild *score 3 points*
Frequent or moderate *score 6 points*
Severe and or disabling *score 9 points*

Symptom	Score
Fatigue or lethargy	
Feeling of being 'drained'	
Poor memory	
Feel 'spacey' or 'unreal'	
Depression	
Numbness, burning or tingling	
Muscle aches	
Muscle weakness or paralysis	
Pain and or swelling in joints	
Abdominal pain	
Constipation	
Diarrhea	
Bloating	
Troublesome vaginal discharge	
Persistent vaginal itching or burning	
Prostatitis	
Impotence	
Loss of sex drive	
Endometriosis	
Cramps or menstrual irregularities	
Premenstrual tension	
Spots in front of eyes	
Erratic vision	
Total Section B	

Section Scores	
Section A	
Section B	
Section C	
Total Score	

Section C: Other Symptoms

Occasional or mild *score 1 point*
Frequent or moderate *score 2 points*
Severe and or disabling *score 3 points*

Symptom	Score
Drowsiness	
Irritable, jittery or anxious	
Uncoordinated	
Inability to concentrate	
Frequent mood swings	
Headache	
Dizziness, loss of balance	
Itching	
Other rashes	
Indigestion	
Belching and gas	
Mucous in stools	
Hemorrhoids	
Dry mouth	
Rash or blisters in mouth	
Bad breath	
Joint swelling or arthritis	
Nasal congestion or discharge	
Post-nasal drip	
Nasal itching	
Sore or dry mouth	
Cough	
Pain or tightness in chest	
Wheezing or shortness of breath	
Urgency or urinary frequency	
Burning on urination	
Failing vision	
Burning or tearing of eyes	
Recurrent ear infections or ear fluid	
Ear pain or deafness	
Pressure above ears, swelling, tingling in the head	
Total Section C	

Write any brief comments on a new page you feel are important for the physician to know that weren't covered on this form.

Thank you *for taking the time to fill out this information. It will help greatly in our study of your present health and will assist us in choosing an appropriate direction for your improvement of health.*

Covid19 Prevention & Safety Policy at Natural Wellness Centre

MANDATORY AGREEMENT between <u>all visitors and the Natural Wellness Centre</u>, under direction of Dr. T. R. Mrazek, ND at 1813 Halifax Street, Regina, SK.

During this time of COVID-19, extra measures for cleaning and social distancing are in place to protect all parties. These individuals include but are not limited to: patients and anyone accompanying them, including parents, caregivers and drivers, as well as the Naturopathic Doctor and the staff of the clinic.

A zero tolerance policy is in place regarding situations of higher risk transmission potential of Covid19.

<u>Requirements</u>

1. I will not attend if experiencing any of the following symptoms: sore throat, headache, fever, runny nose, sneezing or coughing.
2. I will not attend if I or someone in my household has tested positive for COVID-19, or have been tested but are still waiting for test results, or have been out of the province in the last 14 days.
3. I will arrive on time to the appointment. Late arrivals, late cancellations and no-shows are still subject to charges as outlined in the clinic fees policy. There are no exceptions to this. Clinic fees are posted on the website under 'Appointments'.
4. When you arrive: please ring the upper bell or call the clinic number to let us know you have arrived and we'll come let you in.
5. I will wear a mask before entering the building and remove of the mask only when directed by the ND. If you arrive without a mask, you will be issued one and charged $1.20 plus taxes. Failure to comply with mask requirements will terminate the session, with regular clinic fees being applied to the session. Clinic fees are posted on the website under 'Appointments'
6. I will use hand sanitizer upon entering the building. Sanitizer is provided at the clinic entrance.
7. I will refrain from unnecessarily touching surfaces.
8. I will maintain physical distancing whenever reasonable and possible.

As the (adult) patient, or the parent/guardian of a patient who is a minor, I hereby agree to the terms listed above.

Date: _____ Name (printed): _____

Signed: _____

Thank you for agreeing to these policies and protocols, which are in place to protect you as well as others. Your support and diligence help to keep us all safe!