NATUROPATHIC APPOINTMENTS

New Patient Visits:

- If you have not already filled out a New Patient Form please arrive 20 minutes earlier than your scheduled time in order to fill out the necessary paperwork.
- Please come prepared with a listing of all current medications, vitamins or supplements and if possible bring the original containers.
- If you have any recent blood-work, x-ray or any other medical documents please bring these to your appointment. If you do not have any of these, we may request your permission to obtain these records from your doctor if it is necessary.
- Your appointment will be approximately 1-1.5 hrs in length. During this time the naturopathic doctor will be going through the intake form and obtaining more information from you.
- A physical exam will be performed during your first or second appointment.
- In order to fully understand each individual case the naturopathic doctor will have you return in approximately one-week time. This will allow her time to determine and develop the most appropriate treatment protocol. Please be advised that the first visit is a consult only, specific treatments are not usually given on the first visit.
- Our office does bill directly to most major insurance companies and/or receipts are issued at the conclusion of each visit for you to forward to your insurance provider. Our office strongly encourages you to contact your insurance company prior to your scheduled visit to determine your coverage for Naturopathic services.
- The cost of your first visit is $160 for adults and $130 for children 16 and under.
- Payment for services is due at the conclusion of each visit. Cash, cheque, etransfer or direct billing for most major insurance companies is currently accepted as payment. Please note that debit and/or credit is not available at the Amherstburg office location.

Follow-up Appointments:

- The frequency of appointments will depend on the treatment plan set up by you and the naturopathic doctor.
- Each follow-up visit is approximately 30 minutes in length.
- The cost of each follow-up visit is $65.

Missed Appointment Fee

- Please provide as much advanced notice as possible for any cancellations or rescheduling of appointments in order to accommodate the waiting list. A fee of $40 will be charged for any missed appointment or cancellation without 24hrs notice. Extenuating circumstances will always be taken into consideration.

Scent Free Policy

Please refrain from wearing any fragranced products (perfume, cologne, lotion, deodorants, hair products, etc.) on the day of your appointment.
# NATUROPATHIC ADULT INTAKE FORM

## GENERAL

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date of 1st Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
<td>Age: M F</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Prov: Postal Code:</td>
</tr>
<tr>
<td>Phone (home):</td>
<td>Phone (work):</td>
</tr>
<tr>
<td>Phone (cell):</td>
<td>Email:</td>
</tr>
<tr>
<td>Occupation:</td>
<td>Hours worked per week:</td>
</tr>
<tr>
<td>Marital Status:</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>Common-law</td>
</tr>
<tr>
<td>Separated</td>
<td>Same-Sex</td>
</tr>
<tr>
<td>Divorced</td>
<td>Married</td>
</tr>
<tr>
<td>Widowed</td>
<td></td>
</tr>
<tr>
<td>Live with (check all that apply):</td>
<td>Spouse Partner Parents Children Friends Alone</td>
</tr>
<tr>
<td>Number of Children:</td>
<td>Ages &amp; Gender of children:</td>
</tr>
</tbody>
</table>

## EMERGENCY CONTACT

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (home):</td>
<td>(work/cell):</td>
</tr>
</tbody>
</table>

## OTHER HEALTH CARE PROVIDERS

<table>
<thead>
<tr>
<th>1. Phone:</th>
<th>2. Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
<tr>
<td>3. Phone:</td>
<td>4. Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

Do you have regular screening tests done by another doctor? (Pap, annual physical, bloodwork, etc)  

- yes  
- no

Date of last physical exam: ____________________________

How did you hear about our clinic? ____________________________
HEALTH CONCERNS

Reason for visit (list in order of importance):
_______________________________________
_______________________________________
_______________________________________
_______________________________________

How long have you had this condition:
_______________________________________
_______________________________________
_______________________________________
_______________________________________

What type of therapies have you tried in the past for these concern(s)?

- Diet Modification
- Vitamins/minerals
- Detoxification
- Herbs
- Homeopathy
- Chiropractic
- Acupuncture
- Pharmaceuticals
- Other

What was the outcome?

FAMILY HISTORY

Please check any the following that a family member has experienced:

- Arthritis
- Asthma
- Alzheimer’s Disease
- Autoimmune (MS, Lupus, etc)
- Cancer
- Depression
- Diabetes
- Eczema
- Drug Addiction/Alcoholism
- Heart disease
- High Blood Pressure
- Migraine headaches
- Psoriasis
- Kidney Disease
- Stroke
- Thyroid Issues
- Mental Illness
- Other

HEALTH HISTORY

How would you rate your general current state of health on the following scale:

1 2 3 4 5 6 7 8 9 10

Current prescription(s) and/or over the counter medication(s):

Current supplements and/or vitamins:

Major Hospitalizations, Surgeries, and Injuries: please indicate dates and complications (if any)

Year   Illness, Surgery, Injury, Major Medical Diagnosis


Do you have any allergies (foods, medications, environmental, etc.)

__________________________________________________________________

______________________________

Do you frequently use any of the following:

- Aspirin
- Antacids
- Birth control
- Laxatives
- Diet pills
- Tylenol/Advil/Ibuprofen
- Alcohol
- Type and amount per day/week:
- Tobacco
- Form and amount/day:
- Caffeine
- Form and amount/day
- Recreational drugs
- What and how often:

Please check all of the following that apply to you:

**EXERCISE**
- No formal exercise
- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- less than 30 minutes duration per workout
- Walk
- Run, jog, jump rope
- Weight train
- Yoga
- Swim
- Other ________________

**NUTRITION & DIET**
- Mixed food diet (animal and vegetable)
- Vegetarian
- Vegan
- Salt restriction
- Fat Restriction
- Carbohydrate Restriction
- Religious restriction(s)
- Food intolerances
- Other ________________

**FOOD FREQUENCY**
- Skip Breakfast
- One meal per day
- Two meals per day
- Three meals per day
- Graze (small frequent meals)
- Eat constantly whether hungry or not
- Eat on the run
- Add salt to food

**SLEEP**
- Wake feeling rested
- Wake feeling tired
- 8-10 hours per night
- 6-8 hours per night
- Less than 6 hours per night
- Undisturbed sleep
- Difficulty falling asleep
- Difficulty staying asleep

Please rate your quality of sleep on the following scale (1 being the least):

1 2 3 4 5 6 7 8 9 10

Please rate your current stress level on the following scale (1 being the least):

1 2 3 4 5 6 7 8 9 10 Source: _________________________

Do you consider yourself:  □ Overweight  □ Underweight  □ Just right  □ Just right  Your weight __________

Have you experienced any unintentional weight loss of 10 lbs or more over the last 3 months?  □ Yes □ No

Are you exposed to any harmful chemicals (e.g. smoke, renovations, pesticides)?  □ Yes □ No

If so, please describe. __________________________________________________________________________
________________________________________________________________________________________________

What percentage of your household is organic? _________________________

Is there anything else you feel is important to add:

______________________________________________________________________________________________
Reversing illness by treating the underlying cause of disease, and effectively managing healthcare does not happen overnight. It requires a commitment to lifestyle change, and following therapeutic protocols.

What is the main condition or change you would like to see happen?

How long do you feel this will take?

How would you describe your present level of commitment to making changes in your health? Please circle one of the following.

<table>
<thead>
<tr>
<th>(%)</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

What behaviors or lifestyle habits do you currently engage in that you believe positively impact your health?
1. ______________________
2. ______________________
3. ______________________

What behaviors or lifestyle habits do you currently engage in that you believe are detrimental to your health?
1. ______________________
2. ______________________
3. ______________________

What potential obstacles do you foresee in addressing the lifestyle factors that are undermining your health? Is there anything that will prevent you from adhering to the therapeutic protocols that I will be sharing with you?
1. ______________________
2. ______________________
3. ______________________

Do you have people who will sincerely and consistently support you with the beneficial lifestyle changes you will be making? If so, whom?

What expectations do you have of me as your Naturopathic Doctor?

What three expectations do you have from this visit to our clinic?
1. ______________________
2. ______________________
3. ______________________

What long term expectations do you have from working with an ND?

What do you love to do?

________________________________________

________________________________________

C O N T E X T O F C A R E
Please shade in the following diagram.

Each slice of the pie represents an aspect of your life. The divisions of each slice will represent your current level of happiness in each area. Each division represents 10% fulfillment of that area.

Money and Financial stability

Love and Romance

Informed Consent for Naturopathic Treatment
PLEASE NOTE THAT THIS FORM MUST BE SIGN'D PRIOR TO YOUR FIRST APPOINTMENT

Naturopathic medicine is a system of healthcare that takes a holistic and natural approach to assessment, diagnosis, and treatment with a focus on prevention, restoration and health maintenance. Naturopathic doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are used in order to stimulate the body’s ability to heal itself.

Your naturopathic doctor will take a thorough case history, perform a physical examination, including a breast exam and will order blood and urine samples as needed. If your case requires, the physical may include more specific examinations such as gynecological, rectal, prostate or genital exams.

A number of the following approaches may be used throughout the course of treatment.

**Dietary Recommendations and Nutritional Supplements** are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity and general well being.

**Botanical Medicine** is a plant based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist the body’s immune system in the prevention of disease or in the recovery from injury and/or disease.

**Homeopathy** is a form of medicine based on the Law of Similars – that is, the use of a tiny dose of the very substance which causes adverse 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 that affects healing on a physical and emotional level.

**Traditional Asian medicine** includes the use of acupuncture, botanical formulas, and dietary changes to eliminate disease and to balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin into underlying tissues at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or decoctions (strong teas) to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

**Physical medicine** refers to the use of hands on techniques such as massage, soft tissue and spinal manipulation. Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

**Lifestyle counseling** involves identifying risk factors and making recommendations to help optimize one’s physical, mental, and emotional health.

It is very important that you inform your naturopathic doctor immediately of any disease process that you are suffering from and any medications/over the counter drugs that you are currently taking. Please advise your ND if you are pregnant, suspect you are pregnant or if you are breast-feeding.

As a patient you will receive information about your diagnosis and/or treatment, alternative courses of action, the material effects, costs, expected benefits, risks, side effects and in each case the consequences of not having the diagnosis and/or treatment acted upon.

As with any form of medical intervention there can be health risks associated with 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 venipuncture or acupuncture
- Fainting or puncturing of an organ with acupuncture needles

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 without my consent unless required by law. I understand
that my naturopathic doctor may discuss my case with my other healthcare providers. I understand that I may look at my medical record at anytime and can request a copy of it by paying the appropriate fee of $0.10 per page.

I understand that the Naturopathic Doctor will answer my questions to the best of her ability. I understand that the results are not guaranteed. I do not expect the naturopathic doctor to be able to anticipate and explain all risks and complications.

I have read the above information and with this knowledge, I voluntarily consent to all of the diagnostic and therapeutic procedures mentioned above, except for: (please list any exceptions)

I have read and understand the above-stated policies. 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 at any time.

Patient Name (please print) ______________________________________________________

Signature of Patient or Guardian:________________________________ Date:____________

Naturopathic Doctor: _____________________________  ND Signature: __________________

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**Naturopathic Pricing and Fee Policy**

**Fee Schedule**

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>PRICE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Consultation</td>
<td>$160</td>
<td>90 minutes</td>
</tr>
<tr>
<td>Long Follow-up Consultation</td>
<td>$90</td>
<td>45 minutes</td>
</tr>
<tr>
<td>30 minute Follow-up Consultation</td>
<td>$65</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Phone Consultation</td>
<td>$35/$65</td>
<td>15/30 minutes (existing patients only)</td>
</tr>
<tr>
<td>Email Consultation</td>
<td>$15</td>
<td>For existing patients only</td>
</tr>
<tr>
<td>Supplements</td>
<td>Priced accordingly</td>
<td></td>
</tr>
</tbody>
</table>

**Pricing Policy**

- Phone and email consultations are available only after an initial consultation has been completed
- Supplements and other natural health products prescribed by the Naturopathic Doctor may be purchased from this clinic, a pharmacy, health food store, other practitioner or a medical supply company of your choice. Patients are **not** required to purchase supplements from this clinic

- I understand that fees and supplements are to be paid for at the time of consultation and that any remaining or outstanding balances after insurance reimbursement are due at the time of the visit.

- I understand that a Missed Appointment Fee of $40 will be charged for any missed appointments or cancellations with less than 24 hrs notice. Unforeseen circumstances and will always be taken into consideration.

- I understand that email communication is available for clarification of treatment plans, for passing of documentation or for notice of medication changes or reactions only. Naturopathic Medical advice can not be communicated by email and any new or detailed health inquiry requires a scheduled consultation.

---

**MEDICAL** | **SKIN/HAIR/NAILS** | **URINARY**
---|---|---
Height: | Past Present | Past Present
<table>
<thead>
<tr>
<th>PAST PRESENT</th>
<th>GENERAL</th>
<th>HEAD AND NECK</th>
<th>MOUTH AND THROAT</th>
<th>NOSE AND SINUSES</th>
<th>RESPIRATORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Allergies</td>
<td>- Loss of Consciousness</td>
<td>- Headaches</td>
<td>- Dental Problems/cavities</td>
<td>- Sinus infections</td>
<td>- Asthma/ Bronchitis</td>
</tr>
<tr>
<td>- Alcoholism</td>
<td>- Numbness/Tingling</td>
<td>- Jaw pain or clicks</td>
<td>- Gum pain/bleeding</td>
<td>- Stiffness</td>
<td>- Chronic cough</td>
</tr>
<tr>
<td>- Alzheimer’s Disease</td>
<td>- Fever</td>
<td>- Head injury/concussion</td>
<td>- Mercury fillings</td>
<td>- Nasal polyps</td>
<td>- Emphysema</td>
</tr>
<tr>
<td>- Cancer</td>
<td>- Chills</td>
<td>- Facial pain/tics</td>
<td>- Sores in mouth (canker)</td>
<td>- Nasal polyps</td>
<td>- Pneumonia</td>
</tr>
<tr>
<td>- Chronic Fatigue</td>
<td>- Night Sweats</td>
<td>- Vertigo</td>
<td>- Loss of taste</td>
<td>- Post nasal drip</td>
<td>- Smoking</td>
</tr>
<tr>
<td>- Cholesterol, elevated</td>
<td>- Fainting</td>
<td>- Enlarged glands</td>
<td>- Difficulty swallowing</td>
<td>- Nosebleeds</td>
<td>- Difficulty Breathing</td>
</tr>
<tr>
<td>- Depression</td>
<td>- Dizziness</td>
<td>- Other</td>
<td>- Sore tongue/mouth</td>
<td>- Snore</td>
<td>- Shortness of breath</td>
</tr>
<tr>
<td>- Diabetes</td>
<td>- Insomnia</td>
<td></td>
<td>- Recurrent sore throat</td>
<td>- Loss of smell</td>
<td>- Pain on breathing</td>
</tr>
<tr>
<td>- Drug Addiction</td>
<td>- Frequent Colds/flu</td>
<td></td>
<td>- Hoarse voice</td>
<td></td>
<td>- Coughing blood</td>
</tr>
<tr>
<td>- Eating Disorder</td>
<td>- Weight loss</td>
<td></td>
<td></td>
<td></td>
<td>- Throat phlegm</td>
</tr>
<tr>
<td>- Epilepsy</td>
<td>- Weight gain</td>
<td></td>
<td></td>
<td></td>
<td>- Wheezing</td>
</tr>
<tr>
<td>- Environmental Sensitivities</td>
<td>- Increase in appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Fibromyalgia</td>
<td>- Decrease in appetite</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Genetic Disorder</td>
<td>- Cravings</td>
<td></td>
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<tr>
<td>- Infection, chronic</td>
<td>- Decrease in appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Learning Disabilities</td>
<td>- Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Mental Illness</td>
<td>- Frequent Colds/flu</td>
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<td></td>
</tr>
<tr>
<td>- Neurological problems</td>
<td>- Weight loss</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Thyroid Issues</td>
<td>- Weight gain</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>- Obesity</td>
<td>- Increase in appetite</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Osteoporosis</td>
<td>- Dehydration</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>- STI (STD)</td>
<td>- Fatigue/weakness</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>- Seasonal Depression</td>
<td>- Increased appetite</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td>- Heat or cold intolerance</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**MUSCLES & JOINTS**

- Acne
- Hives/allergic reactions
- Nail changes
- Bruise easily
- Dryness
- Itchy skin or scalp
- Rashes/eczema
- Psoriasis
- Ulcers
- Hair loss
- Dandruff
- Recent moles
- Change in mole
- Colour changes
- Skin cancer
- Lumps
- Brittle nails
- Bite nails
- Use nail polish
- Other

**NEUROLOGICAL**

- Headaches
- Jaw pain or clicks
- Head injury/concussion
- Facial pain/tics
- Vertigo
- Enlarged glands
- Other

**CARDIOVASCULAR**

- Dizziness
- Insomnia
- Night Sweats
- Dizziness
- Insomnia
- Frequent Colds/flu
- Pain during intercourse
- Vaginal discharge
- Vaginal itch
- Vaginal sores
- Painful breasts
- Nipple discharge
- Low libido
- Endometriosis
- Infertility
- Pregnant
- Trying to conceive
- Lumpy breasts
- Fibroids or Ovarian cysts
- PMS
- Breast Cancer
- Birth Control Pill
- Vaginal Infection
- Sexually active

**OTHER**

- Blood in the urine
- Inability to hold
- Frequent urination
- Increased frequency at night
- Urgency to urinate
- Kidney stones
- Pain on urination
- Kidney/ Bladder Disease
- Frequent Infections
- Other:

**MEN**

- Enlarged Prostate
- Prostate Cancer
- Erectile dysfunction
- Genital sores
- Testicular pain
- Infertility/low sperm count
- Vasectomy
- Hernia
- Sexually active
- Other

**WOMEN**

- Irregular cycle
- Heavy periods
- Light period
- Bleeding between periods
- Clots in period
- Painful period
- Pain during intercourse
- Vaginal discharge
- Vaginal itch
- Vaginal sores
- Painful breasts
- Nipple discharge
- Low libido
- Endometriosis
- Infertility
- Pregnant
- Trying to conceive
- Lumpy breasts
- Fibroids or Ovarian cysts
- PMS
- Breast Cancer
- Birth Control Pill
- Vaginal Infection
- Sexually active

**OTHER**

- Menopausal

Age of 1st Period: _____________

# Past Pregnancies: _____________

# Children: _____________

Menopausal

Date of last menstrual cycle: _____________

# of days with menses: _____________

# of days in between menses: _____________

Date of last PAP: _____________
<table>
<thead>
<tr>
<th>Past Present</th>
<th>Past Present</th>
<th>Past Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Muscle pain</td>
<td>Loss of balance</td>
<td>Anemia</td>
</tr>
<tr>
<td>Muscle weakness</td>
<td>Irritable</td>
<td>Bleeding disorder</td>
</tr>
<tr>
<td>Neck pain</td>
<td>Poor memory/loss of</td>
<td>High Blood Pressure</td>
</tr>
<tr>
<td>Back pain</td>
<td>Anxiety</td>
<td>Low Blood Pressure</td>
</tr>
<tr>
<td>Swollen joints/ arthritis</td>
<td>Depression</td>
<td>Congestive Heart Failure</td>
</tr>
<tr>
<td>Foot pain L / R</td>
<td>Twitching/tremors</td>
<td>Angina</td>
</tr>
<tr>
<td>Shoulder pain L / R</td>
<td>Poor coordination</td>
<td>Chest Pain</td>
</tr>
<tr>
<td>Elbow pain L / R</td>
<td>Seizures/Epilepsy</td>
<td>Circulation problems</td>
</tr>
<tr>
<td>Wrist pain L / R</td>
<td>Paralysis</td>
<td>Heart Disease/Attack</td>
</tr>
<tr>
<td>Carpel Tunnel syndrome</td>
<td>Loss of sensation</td>
<td>Stroke</td>
</tr>
<tr>
<td>Hip pain</td>
<td>Emotional ups/downs</td>
<td>Swelling of ankles/limbs</td>
</tr>
<tr>
<td>Knee Pain</td>
<td>Speech problems</td>
<td>Varicose Veins</td>
</tr>
<tr>
<td>Weakness</td>
<td>Involuntary movement</td>
<td>Circulation problems</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
<td>Other</td>
</tr>
</tbody>
</table>

**GASTROINTESTINAL**
- Abdominal Pain/Cramps
- Belching or gas
- Colitis
- Constipation
- Diarrhea
- Diverticular Disease
- Excessive hunger
- Food intolerance
- Reflux
- Heart Burn
- Hemorrhoids
- Indigestion/bloating
- Inflammatory Bowel
- Gallbladder stones
- Liver Concerns
- Nausea/vomiting
- Vomiting blood
- Ulcer
- Black stool
- Clay coloured stool
- Bad breath
- Nausea/vomiting
- Chronic laxative use
- Rectal pain
- Blood in stool
- Jaundice
- Intestinal worms
- Other:

**EARS**
- Hearing problems
- Ringing in ears
- Ear infections
- Earaches
- Other

**EYES**
- Eye Pain
- Cataracts
- Glaucoma
- Eye strain
- Itchy eyes
- Dry eyes
- Tearing or discharge
- Impaired vision
- Blurred vision
- Red eyes
- Yellowing in eyes
- Spots in vision field
- Glasses or contacts
- Other

**ILLNESSES & INFECTIONS**
- Frequent colds
- Scarlet fever
- Mumps
- Chicken pox
- Diphtheria
- Measles
- Shingles
- Rheumatic fever
- German measles
- Tuberculosis
- HIV/AIDS
- Herpes
- Hepatitis
- Other

**IMMUNIZATIONS**
- DPT (diphtheria, pertussis, tetanus)
- Tetanus Booster Date: _____________
- Haemophilus influenza B
- MMR (measles, mumps, rubella)
- Chicken Pox
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Flu shot
- Polio
- Smallpox
- Other: