



DR. LISA WEEKS

NATUROPATHIC DOCTOR

Naturopathic Medicine Welcome Package

This package has been designed to assist you through the process of achieving your personal wellness goals. Please read carefully and bring a completed hard copy (or email me a scanned soft copy) of the *Health History Form* (pages 6-10) to your first visit.

Congratulations on taking this first step on your journey to optimal health. Personal wellness is a lifestyle choice and I am here to be your guide.

You may be reaching out to improve energy and vitality, recover from a specific illness or health concern, seek out natural alternatives or ways to complement your current prescriptions/treatments, prevent disease, and/or bring the body back into balance. Whatever your reason is, be prepared for a journey that can change your life for the better, *permanently*.

A Naturopath works to seek out the *root cause* of your symptoms using therapies that support the healing power of the body and nature that do not suppress your symptoms.

My intention is to guide you on your healing journey so that you can *live life to your fullest potential*.

Services

My services include: clinical nutrition, homeopathic medicine, herbal medicine, acupuncture, vitamin and mineral therapies, lifestyle counseling, hydrotherapy, drainage and detoxification.

Naturopathic Medicine can benefit the whole family. I treat all ages, including: infants, children, teens, adults and seniors.

Please follow me for regular health tips, articles and recipes on:

Twitter: @drlisaweeksND

Facebook: www.facebook.com/DrLisaWeeksNaturopathicDoctor

LinkedIn: ca.linkedin.com/pub/lisa-weeks/5/aa4/a40/

If, after several visits, you are happy with my services, please feel free to refer your friends, family members and co-workers. I am currently accepting new patients.

Frequently Asked Questions

What are some reasons to see a Naturopathic Doctor?

- You are sick of feeling sick
- You are looking to complement your existing medical treatments
- You are not feeling your best but are unsure why
- You want a simple yet effective exercise and nutrition plan
- You are worried about and want to prevent diseases that run in your family to be proactive about your health
- You are working towards a specific health goal that you want to achieve.

What conditions can benefit from Naturopathic Medicine?

Digestive: IBS, GERD/acid reflux/heartburn, diarrhea, constipation, gas, bloating, inflammatory bowel diseases, parasites, Candida, hemorrhoids, fissures

Immune: autoimmune conditions, allergies, colds, flus, sore throats, ear infections, lung infections, urinary tract infections

Skin: eczema, psoriasis, acne, hives, dry skin, anti-aging, rashes, fungal infections

Pain: arthritis, injuries, strains, sprains, headaches, migraines, neck-pain, back pain, stress-related pain

Hormonal Imbalances: PMS, menopause, infertility (males and females), andropause, stress, thyroid conditions

Sleep Disorders: insomnia, trouble falling or staying asleep, not waking rested, restless sleep

Fatigue, exhaustion, burnout

Mood Disorders: depression, anxiety, seasonal affective disorder

Pediatric Health: immune disorders, frequent illnesses, skin conditions (eczema, diaper rash), digestive issues, sleep disorders, ADHD/ADD

Disease Prevention and health optimization

How can Naturopathic Medicine help me if I am already healthy?

Much like a car gives you warning signs when the oil needs to be changed, your own body give you warning signs before things start to shutdown or malfunction. Naturopathic Medicine recognizes these symptoms and *determines the underlying cause of disease*, treating the problem before it becomes more serious.

How is a Naturopathic Doctor trained?

Naturopathic Doctors (NDs) must complete at least 3 years of pre-medical sciences in University before completing the four-year full-time Naturopathic Medicine program from one of six accredited Naturopathic Colleges in North America. The Naturopathic program includes over 4200 hours of classroom training, over 1200 hours of supervised clinical training and studies in bio-medical sciences and naturopathic modalities. NDs must successfully pass 2 intensive licensing exams and obtain yearly continuing medical education credits.

What can I expect during a visit to a Naturopathic Doctor?

Initial Visit – 90 minutes (adults); 60 minutes (kids)

Includes a discussion about your health concerns and goals, a review of your health history, a thorough physical examination and a Chinese medicine tongue and pulse diagnosis.

Second Visit – 60 minutes

Held approximately two weeks after your initial visit. We will review your complete personalized treatment protocol.

Third Visit - 45-60 minutes

Held approximately four weeks after your second visit. This visit is important as it is a chance to check in, make sure that the treatment protocol is understood and being followed, and to monitor any changes that may have occurred.

Follow-up Visits – 45-60 minutes

Conducted monthly, but may vary depending on the concern and the treatment plan decided on. As you progress on your treatment plan, you may only need to book in for an appointment every few months.

NOTE:

- *Dr. Weeks is also available for follow-up appointments via Skype or by phone. The initial visit must be conducted in-person.*

- *If you or your child are suffering from an acute illness, like a cold, flu, sore throat, headache or infection, you can book in for a short visit, phone or Skype appointment to help you recover quicker and reduce the chance that you will need antibiotics or medications.*
- *Seasonal visits are also recommended for detoxification/gentle drainage in kids in the fall and spring, immune support in the fall/winter and treatment for allergy prevention in the spring/summer*
- *A yearly physical exam and blood/lab test review is recommended to schedule with your Naturopathic Doctor. NDs can order blood tests or fax an "Authorization for Release of Records" form to your MD to receive your most recent results.*

Appointment Booking

You can reach me by email (lisaweeks.nd@gmail.com) or by phone (647-667-2209) to schedule an appointment

Naturopathic Fees

**As of Feb 12, 2014, NDs are no longer required to charge HST on Naturopathic visits. HST still applies to supplement sales and lab tests*

KIDS < 12

Initial Consultation:	60 minutes	\$160
Second Visit:	45-60 minutes	\$140
Subsequent Visits:	45-60 minutes	\$140
Subsequent Visits:	30-45 minutes	\$100

ADULTS:

Initial Consultation:	90 minutes	\$190
Second Visit:	60 minutes	\$140
Subsequent Visits:	45 minutes	\$100
Subsequent Visits:	60 minutes	\$140
Subsequent Visits:	30 minutes	\$75

Payment

You can pay by cash, cheque or email transfer for Naturopathic visits, NOT credit/debit. Cheques can be made payable to "Lisa Weeks". Email transfers can be made to lisaweeks.nd@gmail.com.

24 Hour Cancellation Policy

I have a policy of 24-hrs notice. If I do not receive 24-hrs notice of cancellation, you will be invoiced for the full appointment fee. Please respect my time and let me know if you can't make an appointment

Introduction to Naturopathic Medicine

Your Naturopathic Doctor can draw from a wide range of therapies, and will develop a treatment plan specially designed for you. The most common modalities, which may be used individually or in combination, are described below:

Herbal (Botanical) Medicine

Medicines derived from plants have been used for centuries in the treatment and prevention of disease. They are increasingly becoming the subject of a growing number of clinical research studies. While the active ingredients of some plant medicines are extremely powerful, they are safe and highly effective when administered by a trained Naturopathic Doctor.

Clinical Nutrition

There is an intrinsic relationship between nutrition and wellness. Naturopathic Doctors deal with a wide range of problems relating to poor nutrition, including food sensitivities or reactions and factors that interfere with the body's absorption and utilization of vitamins and minerals. They can also diagnose and treat numerous conditions that result from nutrient deficiencies.

Traditional Chinese Medicine and Acupuncture

Chinese pulse and tongue diagnosis, acupuncture, and the use of eastern botanical medicines comprise Asian Medicine, a system of health care that has been used effectively for thousands of years in Asia, but which has only been introduced to North America in the 20th century. Naturopathic Doctors complete over 300 hours of acupuncture training as part of their Naturopathic Medical degree. Small, sterile, non-reusable needles are inserted into specific points on the body and have been clinically tested in the treatment of headaches, pain and muscle tension, infertility, nausea, stress/anxiety, addictions to nicotine; caffeine; and other drugs, and to rebalance the body.

Homeopathic Medicine

Originally developed during the 18th century by the physician Samuel Hahnemann, this unique form of medicine is used widely by medical practitioners in Europe but is just beginning to take hold in North America. Homeopathic medicine uses very dilute amounts of botanical, mineral, or other substances to treat specific ailments.

"An ounce of prevention is worth a pound of cure." -Benjamin Franklin

Hydrotherapy and Physical Medicine

Hydrotherapy, or the stimulation of blood and lymphatic fluid circulation using hot and cold water, is also prescribed to patients extensively for boosting immune function and supporting detoxification, skin health, and overall vitality. Naturopathic Doctors are trained in the assessment and treatment of musculoskeletal disorders such as joint pain, back pain, neck pain, muscle tension, injuries, strains, and sprains and commonly work with physical therapists, chiropractors, massage therapists, and osteopathic doctors to support the healing process.

Lifestyle Counseling

The foundations of health are clean air, clean water, exercise, healthy foods, and freedom from excess stress. Naturopathic Doctors are committed to educating and guiding their patients in making powerful positive lifestyle changes to achieve optimal health. Whatever your diagnosis, you can expect to receive some lifestyle counseling every time you visit a Naturopathic Doctor. Daily healthy habits including reducing stress and negative emotions will positively influence your health and contribute to your success.

Supplementation and Dietary Review/Counseling

You are what you eat! Through tracking your food via a food journal and testing for food sensitivities and vitamin deficiencies, your Naturopathic Doctor will ensure you are getting the right foods and supplements to fuel your body. You will be provided with nutritional guidelines that are unique to you and your health concerns.

Disease Prevention

By reviewing your family's health history, your Naturopathic Doctor can give you nutritional, supplemental, lifestyle, and herbal recommendations to help prevent or reduce symptoms of certain diseases. In addition, your Naturopathic Doctor can order and monitor certain blood values to ensure you are on the right path to prevention.

Additional Naturopathic Services

(Fees apply: not covered by OHIP)

Online Naturopathic Dispensary

I offer an online Naturopathic dispensary for you to purchase your vitamins, herbs and supplements. This saves you time and money (prices are competitive with local health food stores). Shipping takes approximately 3-4 days.

<https://healthwavehq.ca/welcome/1weeks>

Nebulized Glutathione

A non-invasive, effective inhalation therapy used for upper and lower respiratory tract infections, bronchitis, allergies, the common cold, lung repair after quitting smoking, chronic mucous/congestion and COPD. An essential part of any detoxification plan as glutathione is a powerful detoxifying agent.

B12 Injections

An intramuscular injection in your upper arm or buttocks to boost energy levels, replace deficiencies, reduce numbness and tingling, and support memory, mood and concentration.

Pascoleucyn Immune Booster Drink

A safe and effective natural immune booster to be given in the fall and winter to prevent or reduce recovery time of illnesses. With over 60 years of use, this herbal and homeopathic combination provides broad-spectrum support against viruses and bacteria by boosting immunity.

Acupuncture

Naturopathic Doctors complete over 300 hours of acupuncture training as part of their Naturopathic Medical degree. Small, sterile, non-reusable needles are inserted into specific points on the body to reduce headaches, pain and muscle tension, increase fertility, reduce nausea, facilitate healing, reduce stress and rebalance the body.

Lab testing

An important part of your Naturopathic assessment: includes blood, urine and stool testing to determine food sensitivities (IgG), male/female/thyroid and stress hormone levels, nutrient deficiencies, digestive disorders and parasites.

Pediatric Naturopathic Intake Form

LISA WEEKS HBSc., ND

Date: ____/____/____ (DD/MM/YY)

Patient Information

Name: _____

Date of birth: ____/____/____ (DD/MM/YY) Age: _____ Sex: (circle one) M / F

Guardian Information

Name: _____ Relation to Patient: _____

Address: _____

City: _____ Postal code: _____

Telephone: (Home) (____) _____ - _____ (Work) (____) _____ - _____

Email: _____

Marital status: (circle one) Single Married Divorced Separated Other: (please specify): _____

May we send clinic-related information to your mailing/email address? Y / N Initial: _____

May we leave voice-mail messages related to your visits? Y / N Initial: _____

Emergency Contact: Name: _____

Telephone: (____) _____ - _____ Relation: _____

How did you hear about our Clinic? _____

Other HEALTH CARE PROVIDERS the child is seeing:

1. _____ 2. _____ 3. _____

(____) _____ (____) _____ (____) _____

Please list your child's PRIMARY HEALTH CONCERNS, in order of importance:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Health History

How would you describe the child's overall state of health? (circle one) Very poor Poor Fair Good Very good Excellent

List any SERIOUS MEDICAL CONDITIONS, DIAGNOSES AND/OR ILLNESSES: (including type and year of occurrence).

Condition/Diagnosis/Illness	Month/Year	How does this still affect you?

List any ACCIDENTS, INJURIES, SURGERIES AND/OR HOSPITALIZATIONS (including type and year of occurrence).

Accident/Surgery/Hospitalization	Month/Year	How does this still affect you?

List any known ALLERGIES (including food, drugs, insects, herbs, environmental). _____

Has the child ever seen a Naturopathic Doctor before? Y / N If yes, for what reason? _____

What other treatments have been used, or are currently be used to treat the child? (both conventional and alternative; ie. Chiropractic, Physiotherapy, Massage,etc.) _____

Does the child have any of the following?

Amalgam (silver) fillings? Y / N If yes, how many? _____

Grinding teeth at night? Y / N

Which of the following has your child had? N = Never M = Mild A = Average S = Severe

Rubella (german measles)	Roseola	Seizures or convulsions
Measles	Scarlet fever	Frequent illnesses
Mumps	Whooping cough	Fever
Strep throat	Mononucleosis	Jaundice
Impetigo	Ear infections	Colic
Diaper Rash	Eczema	

Please indicate what immunizations the child has had (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> DPT (diphtheria, pertussis, tetanus) | <input type="checkbox"/> MMR (measles, mumps, rubella) | <input type="checkbox"/> Haemophilus influenza B |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Tetanus booster | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Influenza ("Flu shot") | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Other _____ | | |

Did the child experience any adverse reactions to past immunizations? Y / N If yes, what was the reaction?

Has the child traveled outside of Canada? Y / N If yes, where? _____

What screening tests has the child had? (blood, hearing, urine, vision, etc)? _____

Medication History

Medications:

Please list all current medications (prescription and over-the-counter), the daily dose, and how long the child has taken it.

Medication	Daily dose	How long	Medication	Daily dose	How long
1.			4.		
2.			5.		
3.			6.		

Supplements:

Please list all current vitamins, minerals, herbs, homeopathics or other supplements, the daily dose, and how long the child has taken it.

Supplement	Daily dose	How long	Supplement	Daily dose	How long
1.			4.		
2.			5.		
3.			6.		

Please list all past prescription medications and supplements.

How many times has the child been treated with antibiotics? _____

Has the child ever had a bad reaction to any medication or supplement? _____

Family Health History

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

Condition	Who?	Condition	Who?
Allergies		High blood pressure	
Alcoholism		High cholesterol	
Arthritis		Kidney Disease	
Asthma		Mental illness	
Cancer		Osteoporosis	
Chronic bronchitis		Rheumatic fever	
Depression		Skin diseases	
Diabetes		Stroke	
Emphysema		Thyroid condition	
Heart disease		Tuberculosis	
Hepatitis		Other	

I don't know my family medical history

Has any family member passed away (parents, siblings, grandparents?) Y / N

If yes, who: _____; age: _____; how? _____

Do either of the parent's have a chronic illness? Y / N

If yes, please describe: _____

Diet

How was your infant fed?? (circle one) Breast Formula Other For how long? _____
Please provide details about feeding (type of milk/formula, reactions, changes, etc.): _____

What foods were introduced before 6 months? (Please list approximate month as well) _____

6-12 Months? _____

Did your child ever experience colic? Y / N How severe? (circle one) Mild Moderate Severe
Add any details about the colic: _____

Does the child have any food allergies or sensitivities? Please list. _____

Does the child have any dietary restrictions (religious, vegetarian/vegan, etc.)? _____

Have the child lost/gained any weight lately? Y / N If yes, how much? _____

Please describe a typical day's diet:

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Beverages (and total quantity) : _____

Is your drinking water (circle): Tap Bottled Filtered Other: _____

Prenatal Health

What was the health of the parents at conception? (circle one for each parent)
Mother: Poor Fair Good Excellent Unknown _____
Father Poor Fair Good Excellent Unknown _____

What was the health of the parents at conception? (circle one)
Poor Fair Good Excellent Unknown _____

What was the mother's age at child's birth? _____

Was this the mother's first live birth? Y / N Explain: _____

How was the mother's diet during pregnancy? Poor Fair Good Excellent Unknown _____

Did the mother receive prenatal medical care? Y / N Unknown: _____

If yes, by whom (please provide details)? _____

Did the mother experience any of the following during the pregnancy?

- | | | |
|--|---|---|
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Thyroid problems | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Nausea | <input type="checkbox"/> Physical or emotional trauma |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Other _____ | |

Please explain: _____

Did the mother use any of the following during the pregnancy? Tobacco Alcohol Recreational drugs

If yes, how much of each, and what type? _____

Prescription medications: _____

Over-the-counter medications: _____

Supplements: _____

Other: _____

Birth History

Term length: Full Premature: _____ wks Late: _____ wks

Length of labour: _____ Weight at birth: _____

Any complications? _____

Was the birth: Vaginal /C-section Induced Forceps Anesthesia used

Did the child experience any of the following at or shortly after birth?

- | | | | | |
|--|---------------------------------|-----------------------------------|---|-------|
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Rashes | <input type="checkbox"/> Seizures | <input type="checkbox"/> Birth injuries | _____ |
| <input type="checkbox"/> Birth defects | _____ | | | |
| <input type="checkbox"/> Other | _____ | | | |

Health and Development

How was the child's health in the first year? Poor Fair Good Excellent Unknown

Explain: _____

At what age did the child first: Sit up _____ Crawl _____ Walk _____ Talk _____

Describe the child's sleep pattern: _____

Describe the child's bowel movements and urine (include how many per day, appearance, etc.): _____

Lifestyle/Environment

Guardian's Occupation: _____

How stressful is your work or other aspects of your life? How do you handle these stresses? _____

Is your child in: School Daycare Home Care Other _____

Are you or the child regularly exposed to toxins or other hazardous substances (work, home, hobbies, etc.)? Please describe _____

Is the child frequently exposed to animals (at work, home, etc.)? Y / N
If yes, what types of animals and where? _____

Is the child frequently exposed to tobacco smoke (home, work)? Y / N Where? _____

How is the child's home heated? _____

How would you describe your child's temperament? _____

What are your child's favorite activities? _____

Does the child exercise regularly? Y / N If yes, how much and how often? _____

How much television does your child watch? _____ hours in a day/week.

How often does your child read (not for school), or How often does someone read to your child?
 Daily Several times a week Weekly Less than weekly

How would you describe your child's behaviour and performance at school or daycare? _____

How would you describe the emotional climate of the child's home? _____

Is there anything else you feel I should know? _____

THANK YOU for taking the time to fill out this form. The information provided will be used to assess your health care needs.