



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.

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

Initial Visit – 90 minutes

We will review your health concerns, I will perform a basic physical examination including a Chinese medicine tongue and pulse diagnosis, and you will receive a 20-minute initial acupuncture treatment.

Follow-up Visits - 30-45 minutes

Visits are typically conducted once a week for 4-6 weeks, depending on the severity and duration of your health concern. After the initial 4-6 week appointments, maintenance treatments are typically conducted every 2-4 weeks depending on your health condition.

NOTES:

- If you 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 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*

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

KIDS < 12

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

ACUPUNCTURE

Initial Consultation:	90 minutes	\$190
Sub. Acupuncture:	30 minutes	\$75
Sub. Acupuncture	45 minutes	\$100

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/lweeks>

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.

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.

Adult Naturopathic Health History Form

LISA WEEKS HBSc., ND

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

Name: _____

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

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 you are seeing:

1. _____ 2. _____ 3. _____

(_____) (_____) (_____) _____

Please list your PRIMARY HEALTH CONCERNs, in order of importance to you:

1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Health History

How would you describe your 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). _____

Have you ever seen a Naturopathic Doctor before? Y / N If yes, for what reason? _____

What other treatments have you used, or are currently using (both conventional and alternative; ie. Chiropractic, Physiotherapy, Massage,etc.) _____

Do you have any of the following?

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

Root Canal? Y / N If yes, how many? _____

Periodontal disease? Y / N Grind your teeth at night? Y / N Sleep apnea? Y / N

Which of the following conditions apply to you? N = Now P = Past X = Never

Cancer	Anemia	Hay fever	Emphysema	Palpitations
Chills	Dizziness	Nose bleeds	Pleurisy	Rheumatic fever
Fatigue	Headache	Sinusitis	Pneumonia	Change in thirst/appetite?
Fever	Cataracts	Goiter	Shortness of breath	Gall stones
Weakness	Eye problems	Neck Pain	Tuberculosis	Heartburn
Change in mole	Glasses or contacts	Sore throat	Angina or chest pain	Hemorrhoids
Night Sweats	Glaucoma	Swollen glands	Diabetes	Jaundice
Rash	Ear infections	Asthma	Heart disease	Liver disease
Skin cancer	Impaired hearing	Bronchitis	High blood pressure	Ulcer
Skin problems	Frequent colds	Cough	Murmurs	Kidney stones
Arthritis	Backache	Muscle spasms or cramps	Extremities Numb/swollen	Kidney disease
Varicose veins	Fainting	Loss of balance	Loss of memory	Muscle weakness
Paralysis	Seizures or convulsions	Speech problems	Anxiety	Depression
Phobias	Chicken pox	Cold sores	Influenza	Hepatitis
Malaria	Measles	Mononucleosis	Mumps	Parasites
Gonorrhea	Herpes Genitalia	Sexually Transmitted Dz		

Please indicate what immunizations you have had (check all that apply):

- DPT (diphtheria, pertussis, tetanus) MMR (measles, mumps, rubella) Haemophilus influenza B
 Hepatitis A Tetanus booster Smallpox
 Hepatitis B Influenza ("Flu shot") Polio
 Other _____

Did you experience any adverse reactions to past immunizations? Y / N If yes, what was the reaction/side effects? _____

Have you traveled outside of Canada in the past year? _____

Do you get regular screening tests done by another doctor (Pap, blood tests): Y / N

Women's Health

Are you currently on the Birth Control Pill? Y / N Brand? _____ Length of time on the Pill? _____

Age of first period _____ Last menstrual period _____

Length of monthly cycle (days) _____ Average length of flow (days) _____

Last PAP exam (days) _____ Have you had an abnormal PAP? Y / N

Last breast exam _____ Do you do self breast exams? Y / N

Age of onset of menopause (if applicable): _____ Symptoms? _____

Are you currently sexually active? Y / N

Current forms of contraception? _____

Number of pregnancies? _____ Live births? _____ Miscarriages? _____ Abortions? _____

Have you had any of the following concerning your breasts? (circle) Pain Lumps Infections Cysts Nipple discharge

Do you have any sexual problems or concerns? Y / N If yes, explain: _____

Are you currently pregnant? Y / N

Men's Health:

Do you have difficulty achieving or maintaining an erection? Y / N

Last prostate exam? _____ Was a blood test (PSA) done? Y / N

How many times a night do you wake to urinate? _____

Have you had any of the following symptoms with urination? (circle one)

Pain Dribbling Incomplete Urgent Increased frequency

Are you currently sexually active? Y / N

Current forms of contraception? _____

Have you had any of the following? (circle one) Testicular pain Hernia Penile discharge Sores STDs

Do you have any sexual problems or concerns? Y / N If yes, explain: _____

Medication History

Medications:

Please list all current medications (prescription and over-the-counter), the daily dose and how long you have 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 you have 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 courses of antibiotics have you had in the past 10 years? _____

Have you 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? _____

Diet

Have you LOST / GAINED any weight lately? Y / N If yes, how much? _____

Please describe a typical day's diet

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Beverages _____

How many glasses of water do you drink per day? _____

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

Do you have any food allergies or sensitivities? Please list. _____

Do you have any dietary restrictions (religious, vegetarian/vegan, etc.)? _____

Lifestyle / Environment

Occupation _____

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

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

Are you frequently exposed to animals (at work, home, etc.)? Y / N

Please indicate which of the following substances, if any, pertain to you. N= use NOW P= used in the PAST

Substance	N / P	Amount	Started?	Substance	N / P	Amount	Started?
Tobacco				Soda			
Coffee				Alcohol			
Black Tea				Recreational Drugs			
Appetite suppressants				Sleeping pills			

Are you frequently exposed to tobacco smoke (home, work)? _____

Have you ever been treated for alcohol/drug dependence? Y / N If yes, when? _____

How often do you participate in physical activities/exercise? (circle one) Daily 2-3Xweek 4-5X/week Daily less than 1X/week
What types of activities/exercise? _____

How many hours of television do you watch in a day? _____ Do you have a television in your bedroom? Y / N

What are your hobbies? What do you enjoy in life? _____

How would you describe the emotional climate of your home? _____

How would you rate your overall level of energy? (1=poor, 10=excellent) _____

How many hours of sleep do you get per night? _____

How would you rate your overall quality of sleep? (1=poor, 10=excellent) _____

Do you have trouble falling asleep? Y / N Staying asleep? Y / N

Do you awake rested? Y / N

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.