



### **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 of the *Health History Form* (pages 7-12) to your first visit.

Welcome to the first day of the rest of your life! Personal wellness is a lifestyle choice.

Thank you for considering Naturopathic Medicine. 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, recipes on:

Twitter: @drlisaweeksND

Facebook: [www.facebook.com/DrLisaWeeksNaturopathicDoctor](https://www.facebook.com/DrLisaWeeksNaturopathicDoctor)

LinkedIn: [ca.linkedin.com/pub/lisa-weeks/5/aa4/a40/](https://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 to come and see me. I am currently accepting new patients.

**LISA WEEKS HBSc., ND**  
98 Marlow Ave.  
East York, ON, M4J 3V1  
lisaweeks.nd@gmail.com  
Tel: 647-667-2209; [www.drlisaweeks.com](http://www.drlisaweeks.com)

## Frequently Asked Questions

1. **Why would someone go and see a naturopathic doctor?**
  - a. You are sick of feeling sick
  - b. You want to complement your existing medical treatments
  - c. You know you don't feel 100% but are unsure why
  - d. You want a simple yet effective exercise and nutrition plan
  - e. You want to prevent disease and be proactive about your health
  - f. You have a specific health goal that you want to achieve.
2. **What Conditions Can Benefit From Naturopathic Medicine?**
  - a. **Digestive:** Diarrhea, constipation, gas, bloating, heartburn, IBS, Crohn's, Colitis, hemorrhoids, fissures
  - b. **Immune:** Autoimmune, illnesses, allergies
  - c. **Skin:** Eczema/dermatitis, psoriasis, acne, unexplained skin rashes
  - d. **Pain:** Arthritis, injuries, strains, sprains, headaches, migraines, stress-related
  - e. **Hormonal Imbalances:** PMS, menopause, andropause, stress, thyroid, infertility (males and females)
  - f. **Sleep Disorders**
  - g. **Fatigue**
  - h. **Mood Disorders:** Depression, Anxiety/Stress
  - i. **Pediatric Health:** Immune Support, Skin Conditions, Digestive Issues, Sleep Disorders, ADHD/ADD
  - j. **Disease Prevention** and health optimization
3. **How can Naturopathic Medicine help me if I am already healthy?**
  - a. Much like a car gives us warning signs when the oil needs to be changed or the engine needs to be serviced, our own bodies give us warning signs before things start to overheat or malfunction. Naturopathic Medicine recognizes these symptoms and *determines the underlying cause of disease*, treating the problem before it becomes more serious.
4. **How is a Naturopathic Doctor Trained?**
  - a. Naturopathic Doctors (NDs) must complete at least 3 years of pre-medical sciences in University before applying to and completing the four-year full-time Naturopathic Medicine program from one of five 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, naturopathic sciences, clinical sciences and clinical education. NDs complete additional licensing exams as required by provincial regulatory boards and are required to obtain yearly continuing medical education credits to maintain licensure. There are four accredited Naturopathic schools in the United States and two in Canada that offer approved naturopathic medical education.
5. **What Can I Expect During A Visit to a Naturopathic Doctor?**
  - a. In the first visit, your Naturopathic Doctor will take an in-depth history, perform a physical examination and use information from laboratory tests to make an assessment and diagnosis. The first visit lasts 1.5 hours. Recommendations and lifestyle changes will be prescribed in the

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first visit, along with homework (like a diet diary or a temperature chart). The second visits usually occurs within 2 weeks from the first visit, with subsequent follow-up appointments scheduled monthly after that, spreading out the visits as the treatment plan progresses. Follow-up visits can last from 30-45 minutes. If a course of acupuncture is recommended, a series of 4-5 weekly appointments may be scheduled. These visits usually last 30 minutes.

- b. If you are suffering from an acute illness, like a cold, flu, sore throat, headache or infection, you can book in for a phone appointment, skype appointment or a short visit. Naturopathic therapies can help you recover quicker and can reduce the chance that you will need antibiotics or medications.
- c. Seasonal visits can also be scheduled. Detoxification programs can be prescribed in the fall and spring, preventative measures can be made in the spring/summer to treat allergies, and immune-boosting vitamins, herbs and lifestyle techniques can be prescribed in the fall/winter to prevent and treat illnesses.
- d. It is recommended that you schedule a yearly physical exam and blood/lab test review with your Naturopathic Doctor. NDs can order blood tests for patients or can get an authorized faxed copy of results from your Medical Doctor.

## Appointment Booking

- You can reach me by email ([lisaweeks.nd@gmail.com](mailto: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
Sub. Acupuncture package:	4 x 30 min	\$280

### Payment

- I accept 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](mailto: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**.

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## 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. Your naturopathic doctor may use more than one at a time, since in many cases the healing effects of these remedies in combination are greater than the sum of their individual actions.

### 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. If a homeopathic remedy is indicated, your naturopathic doctor will select the appropriate formulation from the thousands of homeopathic remedies available, based on your total symptom picture.

### 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 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. Your Naturopathic Doctor will evaluate your nutritional status, determine any food sensitivities or reactions, and make individualized recommendations to optimize health and overall wellbeing.

### 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 20<sup>th</sup> century. Naturopathic doctors are trained in using needle acupuncture and Eastern botanicals as a traditional part of naturopathic practice. Acupuncture has been tested clinically in the treatment of chronic pain and headaches, infertility, stress/anxiety and in overcoming addictions to nicotine, caffeine and many drugs.

### Hydrotherapy and Physical Medicine

Hydrotherapy, or stimulation of the blood vessels or lymph vessels with hot and cold water, is also prescribed to patients extensively. Naturopathic doctors are trained in the assessment and

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treatment of musculoskeletal disorders such as joint pain, back pain, neck pain, muscle tension, injuries, strains and sprains.

### 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, since prevention is worth a pound of cure! Daily healthy habits add up to contribute to your success. Reducing stress and negative emotions will positively influence health outcomes.

### 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 Injections**

A safe and effective natural immune booster to be given in the fall and winter to prevent illnesses and to help you recover quicker. With over 60 years of use, this intramuscular injection provides broad-spectrum support against viruses and bacteria. Contains Echinacea and homeopathic remedies to boost immune system function.

#### **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.

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## Adult Naturopathic Health History Form

LISA WEEKS HBSc., ND

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ (D/M/Y) Age: \_\_\_\_\_ Sex: 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: \_\_\_\_\_  
Phone number: \_\_\_\_\_ 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

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**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).**

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**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.)** \_\_\_\_\_

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**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

<input type="checkbox"/>	<b>Cancer</b>	<input type="checkbox"/>	<b>Anemia</b>	<input type="checkbox"/>	<b>Hay fever</b>	<input type="checkbox"/>	<b>Emphysema</b>	<input type="checkbox"/>	<b>Palpitations</b>
<input type="checkbox"/>	<b>Chills</b>	<input type="checkbox"/>	<b>Dizziness</b>	<input type="checkbox"/>	<b>Nose bleeds</b>	<input type="checkbox"/>	<b>Pleurisy</b>	<input type="checkbox"/>	<b>Rheumatic fever</b>
<input type="checkbox"/>	<b>Fatigue</b>	<input type="checkbox"/>	<b>Headache</b>	<input type="checkbox"/>	<b>Sinusitis</b>	<input type="checkbox"/>	<b>Pneumonia</b>	<input type="checkbox"/>	<b>Change in thirst/appetite?</b>
<input type="checkbox"/>	<b>Fever</b>	<input type="checkbox"/>	<b>Cataracts</b>	<input type="checkbox"/>	<b>Goiter</b>	<input type="checkbox"/>	<b>Shortness of breath</b>	<input type="checkbox"/>	<b>Gall stones</b>
<input type="checkbox"/>	<b>Weakness</b>	<input type="checkbox"/>	<b>Eye problems</b>	<input type="checkbox"/>	<b>Neck Pain</b>	<input type="checkbox"/>	<b>Tuberculosis</b>	<input type="checkbox"/>	<b>Heartburn</b>

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	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):**

- ☐ DPT (diphtheria, pertussis, tetanus)  
☐ Hepatitis A  
☐ Hepatitis B  
☐ MMR (measles, mumps, rubella)  
☐ Smallpox

- ☐ Haemophilus influenza B  
☐ Tetanus booster  
☐ 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?** \_\_\_\_\_

**How long have you been on the Pill?** \_\_\_\_\_

**Age of first period** \_\_\_\_\_ **Last menstrual period** \_\_\_\_\_

**Length of monthly cycle (days)** \_\_\_\_\_ **Average length of flow (days)** \_\_\_\_\_

**Last PAP exam (date)** \_\_\_\_\_ **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? \_\_\_\_\_**

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**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? \_\_\_\_\_**

**How many times a night do you wake to urinate? \_\_\_\_\_**

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

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)**

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.**

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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 D			
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?**

\_\_\_\_ Daily \_\_\_\_ 2-3 times/week \_\_\_\_ once/week \_\_\_\_ less than once/week

**How many hours of tv do you watch in a day?** \_\_\_\_\_**Do you have a television in your bedroom?** \_\_\_\_\_**What types of activities/exercise?** \_\_\_\_\_  
\_\_\_\_\_**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.*

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The information provided will be used to assess your health care needs.

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