Dr. John Bender BSc, ND
Waterloo Naturopathic Clinic
22 McDougall Rd • Waterloo, ON • N2L 2W5
Tel: (519) 885-3720

Welcome to Waterloo Naturopathic Clinic and the office of Dr. John Bender BSc, ND.
Congratulations on choosing naturopathic medicine as part of your healthcare system and embarking on this exciting health journey!

This letter serves to introduce the services provided to you as a patient in order to achieve your health goals. Making naturopathic medicine a part of your family's healthcare will prove to be a wonderful investment for your present and long-term health.

Services Provided:

- **Diagnostic tests**
  - **Blood and urine tests** – e.g., iron, vitamin B12, vitamin D, cholesterol, etc.
  - **Environmental Allergy Testing**
  - **Food Allergy Testing**
  - **Hair Mineral/Heavy Metal Analysis**
  - **Saliva Hormone Testing** – e.g., female/male hormones, cortisol, melatonin, etc.
  - **Urine Neurotransmitter Testing** – to assess mental/emotional conditions
  - **Body Impedence Analysis** – to determine body composition
- **Weight loss/detoxification programs**
- **Acupuncture** – for both acute and chronic conditions, pain management
- **Natural alternatives** – for treating acute conditions such as colds, flus, injuries, bites, etc.

Your participation is important
When patients become partners with their Naturopathic Doctor, they begin to feel better sooner. The more you are able to participate in your own care, the more easily I will be able to address your health complaints. This includes taking your supplements/homeopathic remedies as prescribed, and making changes to your diet, lifestyle and exercise program, as discussed.

I am here for you!!
If there is a question or concern about your treatment plan, please do not hesitate to call the office and I will get back to you as soon as possible. I would like to receive your feedback concerning the care you receive from our office, both positive feedback and any constructive criticism you may have to share. Please let me know, and we will work together toward your health goals.

It takes time to get better
You may be a patient who has spent many years with unsolved chronic medical problems. Or, you may be feeling generally well, but want to make some lifestyle adjustments in order to improve your overall health. It is important to realize that it takes time to feel better when using naturopathic medicine. Some patients of naturopathic medicine see changes within the first month of treatment, however, it is important for patients to be patient!! **Your health is worth it!**

Please note that payment methods accepted are debit, cash, and cheque. Please be prepared for your appointment in order to maximize our time together in achieving your health goals.

Coverage
Many extended health insurance plans cover naturopathic medicine. Please refer to your specific health plan for details.

I look forward to assisting you with your health!
Dr. John Bender BSc, ND
Naturopathic Doctor

Dr. John Bender BSc, ND
Waterloo Naturopathic Clinic
22 McDougall Rd • Waterloo, ON • N2L 2W5
Tel: (519) 885-3720

PRIVACY POLICY

I, John Bender BSc, ND, Naturopathic Doctor, am committed to collecting, using and disclosing personal information in a responsible manner, and only to the extent that it is necessary for the services I provide. I will be open with the handling of your information, as you will see from this Privacy Policy.

Please note that in this document, patient and client are considered to be interchangeable terms.

What is Personal Information?

Personal information refers to any information that can identify an individual. Personal information that I collect **may** include:

- name, address, telephone number, fax number, e-mail address, date of birth, social insurance number, occupation, name of employer, place of employment, insurance company, insurance coverage
- education, gender, sexual orientation, ethnicity, health history, health records, family history, hours of work, income
- activities or views (e.g., religion, politics, opinions, community involvement)

Information related to a person's business is not protected by privacy legislation.

Collecting Personal Information

Primary purposes: For my clients, the primary purpose for collecting personal information is to help assess what your health concerns are, to advise you of your options, to provide the health care you desire and to establish and maintain contact with you.

Related purposes: For my clients, related purposes for collecting personal information include: invoicing and statements, accounting and tax records, follow up services, quality control, communication with other health care providers, insurance claims, education (e.g., newsletters/articles, seminar announcements), marketing and compliance with regulation by a licensing/regulatory body). You can choose not to be part of some of these related purposes; for example, declining seminar announcements or newsletters. Please be aware that it may not be possible to decline some of the related purposes, such as information required by a regulatory body.

For members of the general public (non-clients), my primary purpose for collecting personal information is to allow myself, the practitioners or any other staff to follow up on inquiries, ensure your request was properly handled (quality control), and provide information updates if you have expressed interest in receiving such notices.

For contract staff, our primary purpose for collecting personal information includes: communications, client communication, accounting and tax records, quality control, and education.

Protecting Personal Information

I understand the importance of protecting personal information. For that reason, I have taken steps to safeguard your personal information from unauthorized access, disclosure, use or tampering.

Safeguards are in place to protect your personal information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

Your personal information is protected, whether it is recorded on paper or electronically.

Practitioners and staff are trained to collect, use and disclose personal information only as necessary to fulfill their duties and in accordance with this Privacy Policy.

Retention and Destruction of Personal Information

We are required by the Board of Directors of Drugless Therapy – Naturopathy to retain client files (containing personal information) for a minimum of ten years.

Care is exercised in the destruction of personal information to prevent unauthorized access to the information even during disposal and destruction.

Accuracy of Personal Information

I endeavour to ensure that your personal information is as accurate, complete, and as up-to-date as necessary for the purposes that it is to be used.

Information shall be sufficiently accurate, complete and up-to-date to minimize the possibility that

inappropriate information is used to make a decision about you as our patient.

With only a few exceptions, you have the right to see what personal information we hold about you.

If you believe there is a mistake in the information, you have the right to ask for it to be corrected. This applies to factual information and not to any professional opinions we may have formed.

Consent

I will seek informed consent for the collection, use, and/or disclosure of personal information, except where it might be inappropriate to obtain your consent, and subject to some exceptions set out in law.

Consent is required for the collection of personal information and subsequent use or disclosure of that information. In order for the principles of consent to be satisfied, I have undertaken reasonable efforts to ensure that you are advised of the purposes for which information is being used, and that you understand those purposes. Once consent is obtained, I do not need to seek your consent again, unless the use, purpose or disclosure changes.

Consent for the collection, use and disclosure of personal information may be given in a number of ways, such as:

- signed medical history form;
- signed introductory questionnaire;
- taken verbally over the telephone and then charted;
- e-mail; or
- written correspondence.

You may withdraw consent upon reasonable notice.

Do You Have a Concern?

The Information Officer is Dr. John Bender BSc, ND, who can be reached at (519) 885-3720 to address any questions or concerns you may have.

If you wish to make a formal complaint about my privacy practices, you may make it in writing to the Information Officer. I will acknowledge receipt of your complaint; ensure that it is investigated promptly, and that you are provided with a formal decision and reasons in writing.

For more general inquiries, the Information and Privacy Commissioner of Canada oversees the administration of the privacy legislation in the private sector. The Commissioner also acts as a kind of ombudsman for privacy disputes. The Information and Privacy Commissioner can be reached at:
112 Kent Street, Ottawa, Ontario K1A 1H3
Phone (toll free): (800) 282-1376
Fax: (613) 947-6850
TTY: (613) 992-9190
Website: www.privcom.gc.ca

Thank you for your interest in my Privacy Policy. If you have a concern about the professionalism or competence of my services, I would ask you to discuss those concerns with me. However, if I cannot satisfy your concerns, you are entitled to file a complaint with any of the regulatory boards of the individual practitioner(s). For example, if you have a complaint concerning a naturopathic doctor, you can contact the Board of Directors of Drugless Therapy – Naturopathy
Phone: (416) 866-8383
Website: www.boardofnaturopathicmedicine.on.ca

PATIENT CONSENT FORM

PLEASE NOTE THAT THIS FORM MUST BE SIGNED PRIOR TO YOUR FIRST APPOINTMENT

Naturopathic Doctor's Message

Naturopathic medicine is the treatment and prevention of diseases by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional, and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity. Dr. John Bender BSc, ND will take a thorough case history, do a screening physical examination, and may possibly recommend blood/urine tests.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet, nutritional supplements, botanical medicine, homeopathy, traditional Chinese medicine (TCM) and acupuncture, and lifestyle counselling.

It is very important that you inform your Naturopathic Doctor immediately of any disease that you are suffering from, as well as advising if you are on any medication or over-the-counter drugs. Please also let me know if you are pregnant, suspect you are pregnant, or you are breast-feeding.

As with all medical treatments, there are some possible slight health risks to treatment by naturopathic medicine. These include, but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising, fainting, or injury from venipuncture or acupuncture
- Puncturing of an organ with acupuncture

As the patient, you are responsible for the total charges incurred for each visit. If you have coverage for naturopathic treatment through an extended health insurance plan, you are responsible for billing your own insurance company – your Naturopathic Doctor will provide you with all of the standard information necessary to submit your claim for reimbursement. Your Naturopathic Doctor may prescribe supplements that can be purchased at the clinic or elsewhere. ***The cost of supplements is not included in the naturopathic consultation fee.*** Please note most insurance companies do not cover the cost of supplements that are prescribed and dispensed.

Patient's Consent

My identity will be protected at all times and if necessary, identifying information will be altered to protect my privacy. 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 unless so directed by myself or where otherwise required by law. However, the Naturopathic Doctor may discuss my records and file with clinic staff and other health care professionals to ensure I am receiving the best treatment plan. I understand that I may look at my medical record at any time and that I can request a copy of my file by paying an appropriate fee. I understand that information from my medical record may be analyzed for research purposes and that my identity will be protected and kept confidential.

I understand that the results of naturopathic treatment are not guaranteed. I do not expect the Naturopathic Doctor to be able to anticipate and explain all risks and complications. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for: _____.

I understand that charges are to be paid at the time of the visit, in accordance with the following fee schedule (subject to periodic updates):

- Adult Initial Consultation (up to 60 minutes): $160.00
- Child (15 years and under) Initial Consultation: $135.00
- Follow-up Consultation (Appointment): $75.00
- Follow-up Consultation (Walk-in Day): $55.00
- Payment for all dispensary items (i.e., supplements) is due at the time they are received
- Payment for any medical test(s) is due at the time the test is ordered

I understand that a Missed Appointment Fee (equivalent to the cost of the booked appointment) may be charged for any missed appointments or late cancellations (less than 24 hours).

By signing this consent form, I confirm that I have read and that I understand the Privacy Policy in place at this naturopathic clinic and I agree that Dr. John Bender BSc, ND has my informed consent to the collection, use, and/or disclosure of my personal information as outlined above and in the Privacy Policy.

I intend this consent form to cover the entire course of diagnosis and treatment for any conditions for which I seek treatment through Dr. John Bender BSc, ND. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient (or Guardian, if applicable): _____

Date: _____

Signature of Naturopathic Doctor: _____

PEDIATRIC INTAKE FORM

(Please print clearly and provide detailed answers)

Child's Name: _____ Date: _____

Date of Birth: _____ (D) _____ (M) _____ (Y) Sex: □ Male □ Female

Names of parent(s) or guardian(s): _____

Address: _____ _____
(Street # / P.O. Box) (Apartment #)

_____ _____ _____
(City) (Province) (Postal Code)

_____ _____ _____
(Home Phone) (Work Phone) (Fax)

_____ _____
(Cell Phone) (E-mail)

Occupation: _____ Marital Status: _____

May we leave messages relating to your child's visits? □ Yes □ No

May we use your e-mail address for our Naturopathic newsletters etc.? □ Yes □ No

Emergency Contact Name: _____

Phone Number: _____ Relation: _____

How did you hear about me: _____

Other health care providers (i.e., family doctor, specialists, chiropractor, physiotherapist, etc):

- _____
- _____
- _____

What was the date of your child's last physical examination? _____

What are your child's main health concerns? Please list all major health concerns in order of importance.

Concern	How long has this been a concern?	Possible causes?

Medical History

What medications/supplements is your child currently taking or has taken within the last six months (include all prescriptions, vitamins, minerals, and over the counter products – e.g., Children's Tylenol®)

Medication/Supplement	How long has your child been taking this product?	Has your child had any reactions to this product? Please list.

How many times has your child been on antibiotics?

□ Less than 5x □ Less than 10x □ More than 10x

List any major injuries or surgeries your child has experienced:

Injury/Surgery	Year or Age	Any noted long-term effects?

How would you describe your child's general state of health?

□ Excellent □ Good □ Fair □ Poor

Which of the following has your child had?

□ Abscesses
□ Allergies
□ Anemia
□ Asthma
□ Bronchitis
□ Cancer
□ Chicken Pox
□ Cold Sores
□ Constipation (chronic)
□ Diabetes
□ Ear infections (frequent)
□ Emphysema
□ Epilepsy
□ Headaches (recurring)
□ Heart Disease
□ Hepatitis
□ High Blood Pressure
□ Influenza
□ Kidney Disease
□ Leukemia
□ Measles
□ Migraines
□ Mononucleosis
□ Mumps
□ Parasites
□ Pleurisy
□ Pneumonia
□ Psoriasis
□ Rheumatic Fever
□ Roseola
□ Rubella (German Measles)
□ Scarlet Fever
□ Sexual Abuse
□ Skin Disease
□ Sinusitis
□ Strep Throat
□ Sunstroke
□ Tonsillitis
□ Thyroid Disease
□ Tuberculosis
□ Typhoid
□ Whooping Cough
□ Warts
□ Worms
□ Yellow Fever
□ Other: _____

Please indicate the immunizations your child has had:

□ DPT (diphtheria, pertussis, tetanus)
□ Tetanus booster. When? _____
□ MMR (measles, mumps, rubella)
□ Hib (Haemophilus influenza B)
□ Flu
□ Polio
☐ Hepatitis A
☐ Hepatitis B
☐ Chicken pox

Other: _____

Please list any adverse reactions to immunizations: _____

_____

Prenatal Health

How was the health of your child's parents at conception?

Mother □ Poor □ Fair □ Good □ Excellent □ Unknown

Father □ Poor □ Fair □ Good □ Excellent □ Unknown

How was the health of the mother during the pregnancy?

□ Poor □ Fair □ Good □ Excellent □ Unknown

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

How was the mother's diet during pregnancy?

□ Poor □ Fair □ Good □ Excellent □ Unknown

Did the mother receive prenatal medical care? □ Yes □ No □ Unknown

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

□ Bleeding □ Eclampsia □ Thyroid problems □ Pre-eclampsia

□ Diabetes □ High Blood Pressure □ Physical/ Emotional Trauma □ Severe Vomiting

Did the mother use any of the following during pregnancy?

□ Alcohol □ Tobacco

□ Antibiotics □ Recreational Drugs

Did the mother use any over-the-counter medications? Please list: _____

Did the mother use any prescription medications? Please list: _____

Any other? Please list: _____

Birth History

Term length: □ Full □ Premature; how many days? ____ □ Late; how many days? ____

Length of labour? _____ hours Weight at birth? _____

Please specify any complications: _____

Was the birth: □ Vaginal □ C-Section

Did your child experience, or was diagnosed with, any of the following shortly after birth?

□ Jaundice □ Seizures □ Birth defects

□ Rashes □ Birth injuries □ Genetic disorder

Diet

Was your infant breast-fed? □ Yes □ No How long was your infant breast-fed? _____

Was your infant formula-fed? □ Yes □ No

If yes, what type of formula was used? _____

What foods were introduced before 6 months? Please list approximate month as well.

_____

_____

_____

_____

What foods were introduced between 6-12 months? Please list approximate month as well.

Has your child ever experienced colic? □ Yes □ No

If yes, was it: □ Mild □ Moderate □ Severe

Does your child have any dietary restrictions?

Describe a typical day's diet for your child:

Breakfast:

Lunch:

Supper:

Snacks:

Beverage Intake: Water: _____ cups/day Juice: _____ cups/day Soft drinks: _____ cups/day

Has your child ever craved or eaten any odd foods or objects?

How are your child's bowel movements (i.e., number per day)?

Health and Development

At what age did your child first? Sit up _____ Crawl _____ Walk _____ Talk _____

How many hours does your child sleep overnight? _____ hours

What time does your child go to sleep? _____ pm

What time does your child wake up? _____ am

Does your child have night terrors/ nightmares?

How would you describe your child's temperament?

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

Has your child experienced any psychological, mental, or emotional traumas? □ Yes □ No

If yes, please describe:

Is there anything that you feel is important to discuss that has not already been covered?

-
-
-