Dr. Amy Punké
NATUROPATHIC DOCTOR
106 Stellarton Rd.,
New Glasgow, NS, B2H 1L8
902-755-1210
apunke.nd@gmail.com

Information Collection & Fee Policies

Information Collection Policy

Privacy protocols at Dr. Amy Punké, Naturopathic Doctor's practice comply with the Personal Health Information Protection Act (PHIPA), the Personal Information Protection and Electronic Documents Act (PIPEDA), and the standards of the College of Naturopathic Doctors of Alberta (CNDA), our regulatory body.

The medical information of your dependant may be accessed by regulatory authorities under the terms of the College of Naturopathic Doctors of Alberta (CNDA), for the purpose of fulfilling our regulatory body's mandate or by law. Our office will not disclose your dependant`s personal confidential information to insurance companies or to third-party companies. For all other types of disclosure, we require a signed consent form by the guardian of the patient.

Our practice recognizes the sensitive nature of the information that you have disclosed and all associates of the practice have been trained in the appropriate use and protection of your information. Proper adherence of our Information Collection Policy ensures:

- Only necessary information is collected about your dependant
- We only share your dependant's information with your consent
- Storage, retention and destruction of your dependant's personal information complies with the CNDA regulations
- Our ability to remind you of upcoming appointments and maintain ongoing contact with you
- Advisement of proper treatment options
- Delivery of newsletters and other informational mailings where appropriate

Naturopathic Fee Policy

- Fees are due at time of service
- Phone consultations and acute appointments are available only after the initial consultation has been completed
- Supplements recommended to patients as part of therapeutic protocols may be purchased at the Whole Self Wellness Center when available but patients are not required to purchase supplements from this location
- As a guardian of the patient, you may ask to view their records from Dr. Amy Punké, ND
- 24-hour cancellation or change of appointment time is required to avoid being charged 100% of missed appointment

Service	Fee	Description
Initial Appointment Adult	$185	90 minutes
Initial Appointment Pediatric	$130	60 minutes
60-Minute Follow-up Appointment	$125	60 minutes
45-Minute Follow-up Appointment	$100	45 minutes
30-Minute Follow-up Appointment	$85	30 minutes
Facial Accupuncture Appointment	$100	60 minutes
Acupuncture 45 minutes	$85	Initial appointment required
Phone Consult	$45 per 15 minutes	Minimum 15 minute charge applies
15-Minute Acute Appointment	$50	Initial appointment required
B12 (Methylcobalamin) Injection	$20 + tax	Initial appointment required
Lab testing	Priced accordingly	Food allergy & intolerance testing, Salivary Hormone Panel

Dr. Amy Punké
NATUROPATHIC DOCTOR

Informed Consent

Naturopathic medicine is a system of healthcare that takes a natural approach to assessment, diagnosis and treatment with a focus on prevention, restoration and health maintenance. Naturopathic doctors (ND) assess the whole person, taking into consideration the physical, mental, emotional, and spiritual aspects of the individual. Gentle and non-invasive therapies and treatment approaches are used to stimulate the body's inherent healing capacity.

Your naturopathic doctor will take a thorough medical and health history and answer any questions that may arise throughout the treatment process. A physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Your ND will exercise judgment during the course of your treatment that is in your best interest, based on the facts that are known.

A number of different approaches may be used throughout the treatment process. Naturopathic modalities include:

- Diet & lifestyle counseling
- Clinical Nutrition
- Botanical Medicine
- Traditional Chinese Medicine & Acupuncture
- Homeopathy
- Hydrotherapy

As the guardian of the patient of Dr. Amy Punké, ND I hereby acknowledge that I am willing to provide an Dr. Punké with the information necessary for her to fully understand my dependant's medical history, presenting symptoms, and health goals we wish to achieve in our work together. I thereby consent to a thorough case history and relevant physical examination. Dr. Amy Punké, ND is trained to handle emergencies, should the need arise.

Health risks associated with naturopathic medicine include, but are not limited to:

- aggravation of pre-existing symptoms during the healing process
- allergic reactions to supplements or herbs
- pain, bruising or injury from intramuscular injections, acupuncture
- fainting or puncturing of an organ with acupuncture needle

I understand:

_____Initial A record will be kept of the health services provided to my dependant and that it will be kept confidential and will not be released to others without my consent or unless required by law. I may look at my dependant's medical record at any time and request a copy by paying the appropriate fee.

_____Initial Information from my dependant's medical record may be analyzed for research purposes and that his/her identity will be protected and kept confidential, unless consent has been provided.

_____Initial Treatment results are not guaranteed.

_____Initial My naturopathic doctor will explain to me the exact nature of any treatment provided and will answer any questions I may have to the best of his or her ability.

_____Initial I am free to withdraw my consent and discontinue treatment at any time.

_____Initial Fees and supplements are to be paid for at the time of the appointment. Payment can be made in cash, debit, VISA and Mastercard.

_____Initial If I have coverage for naturopathic medicine, the practice of Dr. Amy Punké will do their best at direct billing of my insurance company however, I am responsible for knowing the terms and conditions of my policy.

_____Initial A fee will be charged of 100% for missed appointments or cancellations with less than 24 hour notice.

_____Initial My naturopathic doctor may prescribe supplements that can be purchased from the clinic dispensary; however, I am under no obligation to purchase them on-site. Most insurance companies do not cover the cost of supplements prescribed and dispensed by naturopathic doctors.

Dr. Amy Punké
NATUROPATHIC DOCTOR

With this knowledge, as the guardian of a patient of Dr. Amy Punké ND, I voluntarily consent to Naturopathic care and I intend for this consent form to cover my dependant's entire course of treatment. I understand that I am free to withdraw consent at anytime.

Patient name (Please print): _____

Signature of Patient or Guardian: _____

Date: _____

Dr. Amy Punké
NATUROPATHIC DOCTOR

Contact Information:

Child's Name:_____Age:_____Date of Birth:_____Sex: ☐M ☐F
Parent/Guardian Name:_____Relationship: _____
Address:_____Email: _____
Phone (H):_____(W):_____(C): _____
Emergency contact:_____Relationship:_____Phone: _____
Medical doctor:_____Phone: _____
Address:_____
How did you become aware of us? _____
How would you like to be reminded of upcoming appointments? _____

Insurance

Do you have private insurance? ☐Y ☐N; If yes, with whom:_____
Do we have permission to contact your insurance company to inquire about your medical coverage for Naturopathic Medicine? ☐Y ☐N

Notes (for office use):

Dr. Amy Punké
NATUROPATHIC DOCTOR

Pediatric Intake Form

This confidential information of your child's medical record and health history will be kept in the possession of Dr. Amy Punké, Naturopathic Doctor and will not be released to any individual except when you have authorized this release in writing or when required by law. Please complete this form as thoroughly as possible to optimize your child's health care outcomes.

Health Goals/ Concerns:

What main health goal(s)/concern(s) of your child brought you to the clinic today?
(please list top 4 in order of importance to you)

1)_____
2)_____
3)_____
4)_____

Describe any factors you suspect may have played a role in the onset and perpetuation of your child's condition(s):

_____

_____

Previous practitioners consulted for condition(s): ☐MD ☐ND ☐Other_____

Please explain their diagnosis, therapy and results where applicable: _____

_____

_____

What types of therapy have you tried for your child's problem? (please circle)

☐Diet modification ☐Vitamin/mineral supplements ☐Herbs ☐Homeopathy ☐Chiropractor

☐Acupuncture ☐Conventional drugs ☐Osteopathy ☐Other_____

What makes it better?_____What makes it worse? _____

Dr. Amy Punké
NATUROPATHIC DOCTOR

Please check any of the following conditions your child has experienced in the past:

☐Allergies	☐Ear Infections	☐Joint Problems	☐Rubella
☐Asthma	☐Eczema	☐Many Cavities	☐Seizures
☐ADD/ADHD	☐Frequent Bloody Nose	☐Measles	☐Strep Throat
☐Chicken Pox	☐Frequent Colds	☐Motion Sickness	☐Swollen Glands
☐Chronic Nasal Congestion	☐Frequent Diarrhea	☐Mouth Sores	☐Tonsillitis
☐Colic/Abdominal Pain	☐Frequent Fevers	☐Mumps	☐Tummy Aches
☐Constipation	☐Gas	☐Nausea/Vomiting	☐Warts
☐Cradle Cap	☐Growing Pains	☐Pneumonia	☐Weight Loss/Failure to Grow
☐Croup	☐Headaches	☐Psoriasis	☐Whooping Cough
☐Diaper Rash	☐Insomnia	☐Rashes	☐Worms/Parasites

☐Other:_____

Do any of the following pertain to your household: ☐Smoking ☐Old Home ☐Renovations ☐Pets

Medical History:

Does your child wear a medical alert bracelet/tag? ☐Y ☐N For what condition? _____
Height of child:_____Weight of child:_____Date of last full physical exam: _____

What is your child's blood type? ☐A ☐B ☐O ☐AB ☐Unsure

For the following tables, please use the back of this page if more room is required:

Medical Conditions: Please indicate any hospitalizations, surgeries and injuries. Please include any past traumas or accidents:

Hospitalization / Surgery/ Injury	Date	Symptoms	Condition Resolved?

X-rays, CT Scans, EKGs, ECGs, MRIs, or other imaging scans:

Scan/ Screen/ Test	Date	Reason	Result

Dr. Amy Punké
NATUROPATHIC DOCTOR

Allergies, environmental and/ or food sensitivities:

Allergy/ Sensitivity	Symptoms	Treatment/ Avoidance?

Current medications/supplements: Please list ALL medications or supplements your child takes on a regular basis: ***Please bring all supplements with you to your first visit***

Medication/Supplement	Dose (if known)	Length of Use	Reason for Taking

Nutritional History:

Was your infant breastfed? ☐Y ☐N If so, for how long? _____

Was your infant formula fed? ☐Y ☐N If so, which formula? _____
At what age was solid food introduced?_____Any reactions? _____
Which foods were introduced first? _____
At what age was cow's milk introduced?_____Any reactions? _____
Are there any foods that are excluded from the child's diet? If so, please explain: _____

_____

How does your child eat? (good, picky eater, often, eats little, eats a lot, etc.) _____

_____

How much does your child drink? _____
What do they drink? _____

Vaccination History:

☐DPT (Diptheria, Polio, Tetanus)	☐Haemophilus B (HIB)	☐MMR (Measles, Mumps, Rubella)	☐Pneumococcal-7 (Pneu-C-7)
☐Pentavac (DPT, Polio, Hib)	☐Hepatitis A	☐Varicella Vaccine (Var/Chickenpox)	☐Meningococcal C (Men-C)
☐Influenza Vaccine (Inf)	☐Hepatitis B (HB)	☐IPV (Inactivated Polio Virus)	☐Gardasil (HPV)

Has your child had any adverse reactions to any of the vaccinations listed above? If so, please explain: _____

_____

Dr. Amy Punké
NATUROPATHIC DOCTOR

General Health:

How many hours of sleep does your child get per night?_____Is it restful? _____
Any trouble with the following?

☐Awakens easily ☐Bedwetting ☐Trouble falling asleep

☐Awakens often ☐Nightmares ☐Trouble getting out of bed

Briefly describe your child's personality/disposition:_____

_____

Have there been any emotional traumas that have impacted your child?

_____

Has your child been diagnosed with a learning disability? If so, please explain:

_____

_____

_____

Prenatal History:

(Note: if your child was adopted, please answer to the best of your ability.)
How long was the labour?_____Where was the child delivered? _____
Please check any difficulties experienced during pregnancy:

☐Bleeding Emotional ☐Trauma (mother) ☐Nausea & Vomiting ☐Thyroid Condition

☐Breech Presentation ☐Gestational Diabetes ☐Physical Trauma (mother) ☐Toxemia

☐Chromosomal Abnormality ☐High Blood Pressure ☐Threatened Miscarriage ☐Umbilical Cord Prolapse

☐Other: _____

Were there any interventions during labour?

☐C-section ☐Episiotomy Induction ☐Vacuum

☐Epidural Forceps ☐Medications ☐Other: _____

Newborn Health:

How did your child appear at birth?_____Weight:_____Length: _____
Were there any health problems after birth? _____

When did your child achieve developmental milestones: ☐Early ☐Average ☐Late

Dr. Amy Punké
NATUROPATHIC DOCTOR

Family History:

Has anyone in your child's family been diagnosed with any of the following conditions?

☐Alcoholism	☐Diabetes	☐Heart Disease	☐Multiple Sclerosis
☐Alzheimer's Disease	☐Drug Abuse	☐High Blood Cholesterol	☐Osteoporosis
☐Asthma	☐Eczema	☐High Blood Pressure	☐Osteoarthritis
☐Cancer	☐Epilepsy	☐Kidney Disease	☐Psoriasis
☐Depression	☐Fibromyalgia	☐Mental Illness	☐Thyroid Disorder

Please list any other illnesses of your child's relatives, such as: parents, siblings, grandparents, aunts and uncles:

Is there anything else that you feel is important that hasn't been addressed on this form?