**Consent to Naturopathic Treatment**

Naturopathic medicine uses natural approaches to treat and prevent disease. Naturopaths take into account the unique complexity of a person’s circumstances, including physical, mental, emotional, genetic, environmental and spiritual factors. Therapeutic procedures include diet and lifestyle counselling, nutritional supplementation, herbal medicine, homeopathy, aromatherapy, bach and bush flower essences.

Gabi Giacomin’s Professional Indemnity Insurance does not cover countries outside Australia. Clients outside Australia are welcome for consultation but would have to pursue legal matters within Australia.

While the chances of experiencing complications from supplements are minimal, it is the practice of this clinic to inform our patients about them. These complications may include, but are not limited to:

* Temporary worsening of symptoms

More serious complications are extremely rare.

I have read and understand the above statements regarding potential treatment side effects and understand that there may be potential risks or side effects that Gabi Giacomin cannot anticipate. I also understand that there is no guarantee for a specific cure result. I understand that at any time I may withdraw consent to any further treatment. All enquiries: admin@theconsciouspod.com.

Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Clinic Policies**

All personal and medical information, including pathology tests are kept by Gabi Giacomin at The Conscious Pod. Your information is not released without written consent provided by you unless required by law. All patient information is kept private and confidential.

I consent to discussing my child’s case through email if necessary: Yes ☐ No ☐

I understand that if I miss an appointment or cancel with less than 24 hours notice, I may be charged for the missed appointment.

Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome!Thank you for taking the time to fill out this extensive questionnaire. Your time and care is appreciated.

**Consent to Audio-Visual Communication**

**Online audio-visual consultations are an alternative to face-to-face consultations. There are situations where an online audio-visual consultation will enable more convenient and accessible healthcare delivery without compromising patient safety.**

**Benefits of audio-visual communication**

* **greater accessibility to specialist practitioner**
* **patient remains in the comfort of their home**
* **reduced financial burden for patient**
* **quick access to natural medicine care**
* **tests can be obtained from other locations**

**Risks of audio-visual communication Risks are rare, but the potential for problems during audio-visual communication must be examined:**

* **quality of image resolution and voice transmission may be poor**
* **internet connection or equipment may fail leading to delays or interruptions to consultations**
* **security efforts may be breached and confidential information leaked**
* **email communication may be lost or unopened**

**I, the patient, give consent to the following procedures and policy:**

1. **Information will be collected during Skype consultations and may be used to create a plan of treatment, referral for therapy, recommendation of supplements, education and future appointments. It can include: disclosure of pathology test results, medical images and records and includes audio and video streaming.**
2. **All efforts will be made to protect patient privacy and no recording of the consultation will occur without the patients prior consent. Patients are not authorised to make recordings of the online audio-video consultation.**
3. **Appropriateness of audio-visual consulting will be determined by the practitioner prior to the first consultation and subsequent consultations. Internet security software and adequate internet activity is used to secure patient confidentiality.**
4. **The only parties present during the audio-visual consultation will be the patient, any support person and the practitioner. A parent/ guardian must be present during the entire consultation if it involves a person under 18 years of age.**
5. **Patients may decline participation in the online audio-visual consultation at any time. If the patient wishes to decline participation in the audio-visual consultation fees still apply. In the unlikely event that the internet isn’t working, telephone consultation will be used.**

**Patient Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Patient\_\_\_\_\_\_\_Date\_\_\_\_\_\_**

Gabi Giacomin • Naturopath [www.theconsciouspod.com](http://www.theconsciouspod.com)

Ballina, NSW, Australia 2478 Pediatric Intake Form (2 - 16 years) admin@theconsciouspod.com

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Country:\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are you child’s main health concerns?1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your treatment goals and expectations?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosis: Down Syndrome ◽️ Autism ◽️ ADD/ ADHD ◽️ Other:\_\_\_\_\_\_\_\_\_

How do you rate your child’s overall health? Poor ◽️ Fair ◽️ Good ◽️ Excellent ◽️

Pregnancy

Mother’s illnesses during pregnancy

High Blood Pressure ◽️ Diabetes ◽️ Bleeding ◽️ Low iron ◽️ Hypothyroidism ◽️ Excessive Vomiting/ Nausea ◽️ Trauma ◽️

Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Term Length of Pregnancy

Pre-term (37 weeks or less) ◽️ Full term (38 - 42 weeks) ◽️ Post term (42 weeks)

Delivery

C-Section ◽️ Vaginal ◽️ Jaundice ◽️ Colic ◽️ Seizures ◽️

Heart ◽️ NG-tube ◽️ ICU ◽️ Breastfed ◽️ Bottlefed ◽️ Respiratory distress ◽️

Medication/ Supplements

How many courses of antibiotics has your child had in the past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all medical drugs, vitamins, herbs and supplements being taken at present \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Medical History

Asthma ◽️ Chrohn’s or Colitis ◽️Kidney Disease ◽️ Heart Disease ◽️

Allergies ◽️ Diabetes ◽️Liver Disease ◽️ Osteoporosis ◽️

Autoimmune ◽️ Eczema ◽️Cancer ◽️ Thyroid Condition ◽️

Child’s Health Condition

Hypothyroid ◽️ Hyperthyroid ◽️ Anaemia ◽️ Constipation ◽️ Leukaemia ◽️ Heart defect ◽️ Seizures ◽️ Ear Infections ◽️

Sleep Apnoea ◽️ Scoliosis ◽️ Hearing Loss ◽️ Delayed Growth ◽️

Reflux ◽️ Food Sensitivities ◽️

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunisations

Fully vaccinated ◽️ Partly vaccinated ◽️ No vaccinations ◽️

Reaction to vaccination\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diet

Breakfast:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Lunch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dinner:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snacks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What types of food are used? Home-grown organic ◽️Some Organic ◽️ No Organic ◽️

Are all foods served fresh? Yes ◽️ No ◽️

List all raw foods your child eats: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Water

tap ◽️ filtered ◽️ distilled ◽️ reverse osmosis ◽️ spring ◽️

amount per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Liquids

fruit juice◽️ herbal tea ◽️ cow’s milk ◽️ soft drink ◽️

Is your child on a Nutritional Program?

Basic Elimination Diet ◽️ Food Rotation ◽️ Low Glycemic ◽️ GAPS ◽️

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies

Is your child allergic to: Medication ◽️ Foods ◽️ Environment ◽️ Animals ◽️

Specific item/ reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Environmental Toxic Exposure

Has your child been exposed to:

Toxic Chemicals ◽️Solvents ◽️ Sprays ◽️ Pesticides ◽️ Herbicides ◽️ Heavy Metals ◽️

Please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Air quality: Is your child exposed to: smoke ◽️ incense ◽️ perfumes ◽️

Quality of bath water: Municipal tap water ◽️ Filtered ◽️ Spring ◽️

What sort of cleaning products do you use at home? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How old is your child’s mattress? \_\_\_\_\_\_\_\_\_\_ Quilt? \_\_\_\_\_\_\_\_\_\_\_ Pillows? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Energy Level

Poor ◽️ Fair ◽️ Good ◽️ Excellent ◽️

Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Motor Skills

Rolling Over ◽️ Sitting Up ◽️ Crawling ◽️ Standing ◽️

Holding onto furniture◽️ Walking ◽️ Kicks Ball ◽️ Running ◽️ Jumping ◽️ Rides Bike ◽️

Sleep

Difficulty falling asleep ◽️ Does not sleep through the night ◽️ wakes unrefreshed◽️

nightmares ◽️ sleeps with a light on ◽️ talks in sleep ◽️ sleep walks ◽️

Bedtime \_\_\_\_\_\_\_\_\_\_\_Time wakes \_\_\_\_\_\_\_\_\_\_\_\_\_Hours of sleep per night \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Naps? \_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What position does your child sleep in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temperature

How does your child feel most of the time? Warm ◽️ Cold ◽️

Bowel Habits

Frequency of stool: times per day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ times per week \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Digestion

Bloating ◽️ Loss of appetite ◽️ History of anaemia ◽️Excessive Gas ◽️ Constipation ◽️ Undigested food in stool ◽️ Difficulty gaining weight◽️ Diarrhoea ◽️ Difficulty swallowing

Extremely Narrow Stools ◽️ Mucous or Blood in stools ◽️ Yellow colour of skin or eyes ◽️ Pale clay-coloured stool ◽️

Blood tests

DNA test ◽️ MTHFR ◽️ CDSA ◽️ GI Function ◽️ Bioscreen ◽️ Organic Acids Test ◽️ Urine Amino Acids ◽️Hair MineralAnalysis ◽️ Gluten ◽️ Allergy Panel ◽️ Liver Function ◽️ Vitamin D ◽️

Iron ◽️ Reverse T3 ◽️ Thyroid Antibodies ◽️ Thyroid ◽️

Cortisol ◽️

Surgery/ Hospitalisation

Reason for surgery/ hospitalisation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_