S.T.A.R.T. CLINIC

790 Bay Street – Suite 900
Toronto, Ontario
M5G 1N8
Tel: 416 598-9344
Fax: 416 598-8198

YOUR INITIAL VISIT

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FORMS TO BE COMPLETED

1. Once you have read this introduction, please scroll down to complete the attached intake form. Save and e-mail the completed intake form to Millie Lytle millielytle@gmail.com prior to your initial visit or fax to number above.
2. Please arrive 10 minutes early to sign your Consent Form, Release of Records and Fee Schedule.

INTERVIEW AND PHYSICAL EXAM

During your 1 ½ to 2 hour initial visit, you will be asked to elaborate on your symptoms. Please provide as much detail as possible. Some of the questions that may be asked include:

- the nature of the pain/ sensation
- the intensity
- exact location
- if the symptom extends to other areas of your body
- when you first noticed the symptom
- if the symptom occurs during a specific time or season
- if the symptom occurs during the same time as other symptoms
- the duration the symptom lasts
- what makes the symptom worse
- what makes the symptom better

You may also be asked details about your thirst, appetite, digestion, sleep, mood, energy, and any other aspects of your health that are specific to your case.

A physical exam will be done on your first or second visit, depending on time.

Both the physical exam and details gathered from the intake will be used to develop a treatment plan that is appropriate to your unique needs and goals.

DIRECTIONS AND SERVICES

The START Clinic for Mood and Anxiety Disorders can be reached at www.startclinic.ca or by calling 416 598 9344
We are located at the South West Corner of Bay and College. 790 Bay Street, 9th floor, suite 900.

Adult Intake

Name: Age: DOB (dd/mm/yy): / / Gender: F
Home phone:( ) - Work:( ) - Cell:( ) -
Address: City: Postal code:
Email:
Marital status: single Number of children:
Emergency contact: Relation:
Home phone:( ) - Work:( ) -
Occupation: Employer:

Medical doctor:
Phone:( ) - Fax:( ) -
Address: City: Postal code:

Other health care provider: Phone:( ) -
Address: City: Postal code:

Do you get an annual:

physical exam	☐ yes	☐ no	dental exam	☐ yes	☐ no
blood work	☐ yes	☐ no	gynecological exam	☐ yes	☐ no
urine analysis	☐ yes	☐ no	prostate exam	☐ yes	☐ no
eye exam	☐ yes	☐ no	breast exam	☐ yes	☐ no

Please complete all relevant information. If you are unclear about a question, answer to the best of your knowledge and we will discuss the details together during your appointment.

Main health concerns in order of importance to you:

Concern	Since (mm/yy)	Cause(s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Medical conditions you have been diagnosed with:

Diagnosis	Date (mm/yy)	Current symptoms

Medications you have taken in the past:

Medication	Dosage	Since (mm/yy)	Effects	Helpful	Well tolerated
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n

Medications you are currently taking (including over the counter):

Medication	Dosage	Since (mm/yy)	Effects	Helpful	Well tolerated
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n

Any allergies or sensitivities to medications? ☐ no ☐ yes Specify:
Number of times you have taken antibiotics in your life: In the last 5 years:

Supplements, remedies, herbs or other treatments you are currently using:

Medication	Dosage	Since (mm/yy)	Effects	Helpful	Well tolerated
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n
				☐ y ☐ n	☐ y ☐ n

Which of the following conditions have you had?

☐ Asthma	☐ Diabetes	☐ Liver disease	☐ Parasites	☐ Strep throat
☐ Alcoholism	☐ Eating disorder	☐ Herpes	☐ Pleurisy	☐ Tuberculosis
☐ Anemia	☐ Emphysema	☐ Kidney disease	☐ Pneumonia	☐ Typhoid fever
☐ Arthritis	☐ Epilepsy	☐ Malaria	☐ Rheumatic fever	☐ Whooping cough
☐ Bronchitis	☐ Gallbladder disease	☐ Measles	☐ Rubella	☐ Yellow fever
☐ Cancer		☐ Mono	☐ Scarlet fever	
☐ Chicken pox	☐ Heart disease	☐ Mumps	☐ Sexual abuse	

Any other conditions? :
Any conditions you have never completely recovered from or which have been severe?

Operations, serious injuries or hospitalizations:

Event	Date (mm/yy)	Complications or long term effects

Which of the following vaccinations have you received?

☐ MMR (measles, mumps, rubella	☐ Varicella	☐ Hepatitis A
☐ DTP/DTaP (Diptheria, typhoid, pertussis)	☐ Pneumococcal	☐ Influenza (flu)
☐ Hib (Haemophilus influenza)	☐ Meningococcal	☐ Small pox
☐ IPV (Polio)	☐ Varicella (chicken pox)	☐ Tuberculosis
	☐ Hepatitis B	☐ Typhoid

Any other vaccines or boosters?

Any symptoms following a vaccination (rash, neurological problems…)?

☐ no ☐ yes If yes, please describe:

Typical foods you eat during the course of the day

Breakfast	Lunch	Dinner	Snacks	Beverages (include amount)

Any food allergies or intolerances?

☐ no ☐ yes If yes, please describe:

Any food cravings?

Often eat on the run? ☐ yes ☐ no Eat the same foods every day ☐ yes ☐ no

Any dietary restrictions (vegetarian, vegan, religious…)?

☐ no ☐ yes If yes, please describe:

Average use of the following per week:

Caffeinated coffee	/week	Alcohol	/week
Decaf coffee	/week	Tobacco	/week
Caffeinated tea	/week	Recreational drugs	/week
Pop	/week	Artificial sweetener	/week
Sweets	/week	Diet pills	/week
Deep fried or fatty foods	/week	Laxatives	/week
Chips or other junk food	/week	Antacids	/week
Margarine	/week	Aspirin	/week

Regular exposure to the following:

☐ Pesticides, herbicides or fertilizers ☐ Fumes or gases ☐ Art materials (varnish, waxes, powders, paints…) ☐ Construction materials (insulation, PVC, particle board…) ☐ Polluting industries near your home	☐ Radiation (flying, x-rays) ☐ High voltage electric fields (power lines, large appliances) ☐ Detergents or disinfectants ☐ Medications ☐ Dry cleaning ☐ Plastic storage containers to heat, freeze, or store food ☐ Old or damp home	☐ Tobacco smoke ☐ Dish soap without gloves ☐ Drinking tap water ☐ Non-organic animal products ☐ Insect repellant ☐ Antiperspirant ☐ Cosmetic products ☐ Hair coloring ☐ Lice or flea shampoo ☐ Other

Daily Activities and Lifestyle

Do you exercise? ☐ no ☐ yes type: frequency:

Number of hours of sleep on an average night? Interruptions? ☐ yes ☐ no
Quality of your sleep: excellent Feel rested on waking? ☐ yes ☐ no
Do you take naps? ☐ no ☐ yes minutes/day
Any specific sleeping behaviors (walking, sweat, position, grind teeth):

Average stress level is: 1 mild
Sources of stress:
Any stressful events that may have impacted on your health: ☐ yes ☐ no

Relaxation type: How often:
Hobbies: How often:
Number of people living at home: Emotional climate of your home:

Which conditions have affected your relatives?

☐ Alcoholism	☐ Diabetes	☐ Neurological disease
☐ Allergies	☐ Epilepsy	☐ Paralysis
☐ Anemia	☐ Gonorrhea	☐ Pneumonia
☐ Arthritis	☐ Gout	☐ Skin disease
☐ Asthma	☐ Hay fever	☐ Stroke
☐ Cancer	☐ Heart disease	☐ Syphilis
☐ Depression	☐ Mental illness	☐ Tuberculosis

Specify any known conditions which have affected the following relatives:

Relative	Age if alive	Age at death	Condition(s)
Mother			
Father			
Siblings			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			
Maternal Aunts/Uncles			
Paternal Aunts/Uncles			
Children			

Select ‘Y’ for symptoms you are presently experiencing (includes last 2 months).
Select ‘P’ for symptoms experienced in the past. It is possible to check both ‘Y’ and ‘P’.

GENERAL		**EYES**		**NECK**	
Height	ft in	Glasses or contacts	☐Y☐P	Pain or stiffness	☐Y☐P
Weight	lbs	Vision deteriorating	☐Y☐P	Lumps	☐Y☐P
Maximum weight	lbs	Blurring	☐Y☐P	Swollen glands	☐Y☐P
Minimum weight	lbs	Blind spot	☐Y☐P	Goiter	☐Y☐P
Recent weight change	☐Y☐P	Double vision	☐Y☐P	Other:	☐Y☐P
Recent international	☐Y☐P	Sun irritates	☐Y☐P		
travel		Discharge	☐Y☐P	**RESPIRATORY**	
Other:	☐Y☐P	Dryness	☐Y☐P	Shortness of breath	☐Y☐P
		Infections	☐Y☐P	Pain on breathing	☐Y☐P
SKIN		Itching	☐Y☐P	Chronic cough	☐Y☐P
Acne	☐Y☐P	Pain	☐Y☐P	Sputum	☐Y☐P
Bumps or lumps	☐Y☐P	Puffy eyes	☐Y☐P	Wheezing	☐Y☐P
New spots or moles	☐Y☐P	Redness	☐Y☐P	Other:	☐Y☐P
Warts	☐Y☐P	Tearing	☐Y☐P		
Eczema	☐Y☐P	Floaters	☐Y☐P	**CARDIOVASCULAR**	
Psoriasis	☐Y☐P	Styes	☐Y☐P	Elevated blood	
Hives	☐Y☐P	Dark circles	☐Y☐P	pressure	☐Y☐P
Rashes	☐Y☐P	Cataracts	☐Y☐P	Low blood pressure	☐Y☐P
Itching	☐Y☐P	Glaucoma	☐Y☐P	Angina, chest pain or	
Dry skin	☐Y☐P	Other:	☐Y☐P	chest tightness	☐Y☐P
Slow wound healing	☐Y☐P			Murmurs	☐Y☐P
Sweat has strong odor	☐Y☐P	**NOSE & SINUSES**		Palpitations	☐Y☐P
Night sweats	☐Y☐P	Decreased smell	☐Y☐P	Red face, flush easy	☐Y☐P
Other:	☐Y☐P	Stuffy or runny	☐Y☐P	Swollen ankles	☐Y☐P
		Allergies	☐Y☐P	Cold hands and feet	☐Y☐P
NAILS		Sinus problems	☐Y☐P	Deep leg pain	☐Y☐P
Bend or break easily	☐Y☐P	Bleeding	☐Y☐P	Varicose veins	☐Y☐P
White spots	☐Y☐P	Polyps	☐Y☐P	Other:	☐Y☐P
Other:	☐Y☐P	Other:	☐Y☐P		
				BLOOD & LYMPH	
HEAD		**MOUTH & THROAT**		Frequently ill	☐Y☐P
Dizziness	☐Y☐P	Decreased taste	☐Y☐P	Bleed or bruise easily	☐Y☐P
Headaches	☐Y☐P	Bad breath	☐Y☐P	Clotting problem	☐Y☐P
Migraines	☐Y☐P	Mouth dryness	☐Y☐P	Lymph node swelling	☐Y☐P
Injuries	☐Y☐P	Canker sores	☐Y☐P		
Other:	☐Y☐P	Cold sores	☐Y☐P	**MUSCULO /**	
		Toothache	☐Y☐P	**SKELETAL**	
EARS		Gum bleeding	☐Y☐P	Muscle cramps	☐Y☐P
Decreased hearing	☐Y☐P	Frequent sore throat	☐Y☐P	Muscle weakness	☐Y☐P
Excess wax	☐Y☐P	Hoarseness	☐Y☐P	Joint pain or stiffness	☐Y☐P
Infections	☐Y☐P	Lump in throat	☐Y☐P	Joints pop often	☐Y☐P
Discharge	☐Y☐P	Number of metal		Joint swelling	☐Y☐P
Itching	☐Y☐P	fillings		Back pain	☐Y☐P
Pain	☐Y☐P	Other:	☐Y☐P	Broken bones	☐Y☐P
Ringing	☐Y☐P			Other:	☐Y☐P
Other:	☐Y☐P				

NEUROLOGICAL		REPRODUCTIVE		MALE ONLY	
Convulsions	☐Y☐P	Sexual orientation	hetero	Incomplete urination	☐Y☐P
Fainting	☐Y☐P	Sexually active	☐Y☐P	Difficult urination	☐Y☐P
Involuntary movement	☐Y☐P	Sexual difficulties	☐Y☐P	Dribbling	☐Y☐P
Loss of balance	☐Y☐P	Sexually transmitted	☐Y☐P	Testicular mass	☐Y☐P
Loss of memory	☐Y☐P	infections	☐Y☐P	Erectile dysfunction	☐Y☐P
Numbness or tingling	☐Y☐P	Birth control	☐Y☐P	Discharge or sores	☐Y☐P
Paralysis	☐Y☐P	Decreased libido	☐Y☐P	Vasectomy	☐Y☐P
Speech problems	☐Y☐P	Fertility concerns	☐Y☐P	Other:	☐Y☐P
Other:	☐Y☐P	Other:	☐Y☐P		
				MENTAL &	
GASTROINTESTINAL		**FEMALE ONLY**		**EMOTIONAL**	
Bowel movements		Breast lumps	☐Y☐P	Anxiety	☐Y☐P
how often?		Breast tenderness	☐Y☐P	Depression	☐Y☐P
Constipation	☐Y☐P	Self breast exam	☐Y☐P	Fatigue	☐Y☐P
Diarrhea	☐Y☐P	Last mammogram	mm/yy	Difficulty concentration	☐Y☐P
Hemorrhoids	☐Y☐P	Last thermogram	mm/yy	Mood swings	☐Y☐P
Rectal bleeding	☐Y☐P			Phobias	☐Y☐P
Rectal itching	☐Y☐P	Age of first menses		Other:	☐Y☐P
Undigested food in	☐Y☐P	Last menses	mm/yy		
stool	☐Y☐P	Menopause	☐Y☐P		
Blood in stool	☐Y☐P	Amenorrhea	☐Y☐P		
Mucous in stool	☐Y☐P	Regular cycle	☐Y☐P		
Change in thirst	☐Y☐P	Length of cycle	days		
Change in appetite	☐Y☐P	Length of flow	days		
Low blood sugar	☐Y☐P				
Pain in abdomen	☐Y☐P	Painful menses	☐Y☐P		
Ulcer	☐Y☐P	PMS	☐Y☐P		
Hernias	☐Y☐P	Excessive flow	☐Y☐P		
Burping	☐Y☐P	Bleeding between			
Flatulence	☐Y☐P	menses	☐Y☐P		
Bloating	☐Y☐P	Vaginal discharge	☐Y☐P		
Nausea	☐Y☐P	Vaginal itching	☐Y☐P		
Vomiting	☐Y☐P				
Heartburn	☐Y☐P	Planning a pregnancy	☐Y☐P		
Difficulty swallowing	☐Y☐P	Pregnant	☐Y☐P		
Breastfed as child	☐Y☐P	Due date	d/m/y		
Other:	☐Y☐P				
		# of pregnancies			
URINARY		# of live births			
Infections	☐Y☐P	# of miscarriages			
Inability to hold urine	☐Y☐P	# of abortions			
Increased urination	☐Y☐P				
Pain on urination	☐Y☐P	HRT	☐Y☐P		
Urgent urination	☐Y☐P	Birth control pill	☐Y☐P		
Blood in urine	☐Y☐P	Number of years			
Cloudy urine	☐Y☐P	hormones taken:			
Dark urine	☐Y☐P	Other:	☐Y☐P		
Kidney stones	☐Y☐P				
Other:	☐Y☐P				

Naturopathic Therapies

Licensed Naturopathic Doctors are primary care practitioners who use a combination of traditional medicine and modern research to prevent, diagnose, and treat illness naturally for the entire family. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional, and spiritual aspects. Gentle, non-invasive techniques are used in order to stimulate the body's self-healing capacity. I will be using one, or a combination of the following naturopathic therapies, for your treatment plan.

Botanical Medicine is the use of constituents from whole plants (flowers, roots, and/or leaves) in the form of liquid tinctures, herbal teas, tablets, salves, essential oils, and baths and is based on both traditional practices and modern scientific research. Naturopathic Doctors are trained in the appropriate use of medicinal plants as well as drug-herb interactions. Botanical medicine is used to support and promote the healing processes which naturally exist within the body.

Homeopathy is a form of medicine which relies on minute amounts of substances to facilitate the body's natural healing capacity. Homeopathic remedies are prescribed based on the understanding that 'like cures like' - a principle which has been observed clinically for over 200 years. The selection of a remedy is based on the client's entire symptom picture. The focus of homeopathy is to restore health to the entire body.

Traditional Chinese Medicine includes acupuncture, herbal formulas and dietary changes to eliminate disease and balance body functions. TCM involves an ancient system of diagnosis based on specific patterns and combinations of symptoms that have been observed over thousands of years. Acupuncture refers to the insertion of sterilized needles at specific points which modify the flow of energy through the body and stimulate organ function. In some cases, moxa (a compressed herb in the form of a stick) is burned over an acupuncture point to help relieve symptoms. Herbal formulas may be given in the form of pills, tinctures or strong teas to be taken internally or used externally as a wash. Dietary advice is based upon traditional Chinese medical theory.

Clinical Nutrition is the foundation of optimal health. Many conditions may be prevented or treated by modifications in diet alone, while others may require the prescription of specific nutrients. Nutritional analysis, dietary plans, cleansing / detoxification programs, and supplementation are tools used by a Naturopathic Doctor to address a variety of health concerns.

Hydrotherapy refers to the use of water applications at varying temperatures. Hydrotherapy is a noninvasive, economical and effective therapeutic approach that acts to stimulate the immune system, facilitate detoxification, and promote lymph drainage and circulation.

Lifestyle Counseling and Coaching is used to teach a client how to incorporate balance between work, nutrition, exercise, and activities of daily living. While the rewards are substantial, making changes in one's lifestyle can be a challenge. It is important that the client be supported throughout this treatment process. Naturopathic care is a collaborative process between the client and doctor.

Massage and Body Adjustment is the use of hands-on therapies to adjust the joints and soft tissues of the body primarily to heal injury, manage pain and relieve stress. These physical

therapies can also have profound effects on restoring optimal nerve and organ function as well as stimulating circulation and detoxification.

Hypnotherapy is the application of hypnosis as a form of treatment. When one enters trance one's unconscious mind is more receptive to suggestion and positive changes. Hypnotherapy can be used for relaxation, pain reduction, addiction, weight loss, emotional or psychological conflict, anxiety, phobias, insomnia and a host of other situations. Naturopathic Doctor Millie Lytle uses hypnotherapy to reframe the process of pregnancy and birth for women and their partner. Hypnotherapy has been shown to reduce the degree of pain in labour and shorten time of active labour and parturition.

Principles of Naturopathic Medicine

The following guiding principles are fundamental to every treatment plan.

First, do no harm
Promote optimal health with the least risk for each patient.

The healing power of nature
The healing power of nature must be respected to promote healing.

Treat the cause
Treat the fundamental cause of disease. Identify and remove the causes while avoiding the suppression of symptoms.

Doctor as teacher
The role of doctor as teacher and role model for patient education, for the inspiration of rational hope, and to encourage self-responsibility.

Treat the whole person
Address the unique physical, emotional, and mental factors which influence each person's well-being.

Prevention
Promote holistic health, to prevent future illness. Prevention involves individual, community, and global health promotion.

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Tel: 416 598-9344
Fax: 416 598-8198

Release of Records

I authorize naturopathic doctor Millie Lytle to obtain a copy of all diagnostic test results from the last 12 months.

Please send records to:

Millie Lytle Ba, ND. C. Ht.
START Clinic for Mood and Anxiety Disorders
790 Bay Street- ste 900
Toronto ON
M5G 1N8
Phone 416 598 9344
Fax 416 598 8198

Name: ______________________ DOB (dd/mm/yy): : _____________
Home phone: _____________ Work: _____________
Address: ______________________
City: _________________ Postal code: ______________

Medical doctor: ______________________
Phone: _____________ Fax: _____________
Address: ______________________
City: _________________ Postal code: ______________

Patient signature: ______________________ Date (dd/mm/yy):_______________

Witness signature: ______________________ Date (dd/mm/yy):_______________

Fee Schedule

Initial Naturopathic Consultation
Initial 90 minute to 2 hour consultation: $200

Subsequent Consultations
15 minutes: $40
30 minutes: $70
45 minutes: $95
60 minutes: $120

Scheduled Telephone Consultations
Same charges apply to phone calls extending beyond 5 minutes.

Cancellation of Appointments
Please give at least 24 hours notice to avoid standard charges for the appointment.

Laboratory Testing
Blood, urine, saliva and stool test are available through your naturopathic doctor. Naturopathic tests can measure toxicity level, digestive function, biological aging, stress level, nutritional status, sleep quality, hormone balance, etc… The cost for these tests varies.

Supplements
Some professional grade natural products are available through your naturopathic doctor. Most products are free of chemicals and additives as well as hypoallergenic (do not contain yeast, corn, starch, wheat, dairy, sugar, salt or gluten). The cost of these products varies. You have the option of purchasing products at your health food store or pharmacy of choice. Your ND will recommend the best brands.

Payments
All fees are subject to GST.
Cash and Cheque Only.

I, ____, have read and agree to the fee schedule as listed above.

Signature: _________________________ ______Date(dd/mm/yy):________________

Consent Form

I voluntarily consent to the procedures and treatments by Naturopathic Doctor Millie Lytle, which can include any combination of the following: medical history, physical exam, diagnostic testing, botanical medicine, homeopathy, traditional Chinese medicine, clinical nutrition, hydrotherapy, lifestyle counselling and coaching, psychological analysis, physical therapies, mind-body medicine, Doula services, hypnotherapy.

I understand the following:

- My medical records will be kept confidential and will not be released to anyone without my consent, unless required by law or I am at risk of harming myself or others. In order to ensure optimal care, Naturopathic Doctors may consult with other professionals about my case.

- Naturopathic medicine can be used to help prevent and treat illnesses. However, Naturopathic Doctors cannot guarantee results of treatment.

- Complications are very rare when treated by a licensed Naturopathic Doctor. Naturopathic Doctors cannot anticipate all risks and complications associated with treatment; however, they will do their best to inform me of the most common side-effects.

- I am responsible for informing the above Naturopathic Doctor if my condition or medications change, (especially an anticipated pregnancy), as treatments may be contraindicated in some conditions.

- I agree to pay for charges incurred during each visit by the end of the visit unless alternate arrangements have been made prior to my scheduled appointment. I will be provided with a receipt upon payment so that I can bill my insurance company. I will be charged additional fees for laboratory testing as well as supplements/homeopathic remedies/herbal medicines. I will also be charged for missed appointments, late cancellations (less than 24 hours) and overdue payments.

- The clinic will endeavor to collect and maintain accurate personal information about me for the purpose of assessing my health concerns, advising me of my options, providing high quality natural and professional healthcare, maintaining contact with me, facilitating practice management and complying with naturopathic regulations.

Name: ________________________ DOB (dd/mm/yy): ______________

Signature: ________________________ Date (dd/mm/yy): ______________

Witness signature: ________________________ Date (dd/mm/yy): ______________