



Medical History

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Allergies: Drug: Food:
Foods you avoid:

Medications Dose: Indication:
and Dose: Indication:
Supplements Dose: Indication:
Dose: Indication:
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Significant illnesses: Please check any that apply.

- Measles, Scarlet Fever, Rheumatic Fever, Tuberculosis, Mumps, Chicken Pox
Ear infections, Throat infections, Hepatitis, Sexually transmitted infection, HIV
Diabetes, Heart disease, High blood pressure, Cancer, Other:
Surgery:
Major accidents/trauma:

Vaccinations

- Polio, Tetanus, Hepatitis, HPV, Rabies, MMR, Diptheria, Pertussis
Chicken Pox, Other:

Female

Age of 1st menses, Cycle Length (days), Days of menses, # of pregnancies
Date of last menses, # of births, # of miscarriages, # of abortions
Self breast exam, Sexually active, Currently pregnant
Contraceptives methods:

Male

Sexually active, Self testicular exam, Last prostate exam
Contraceptive methods:

General Health

Height, Weight, Weight 1 yr ago, Highest Weight
Smoking: none / past / present, Years smoking, Packs/day, Years stopped:
Alcohol: Drinks/week, Wine / Beer / Spirits, Coffee: Cups/week:
Recreation drugs: Current, Past:
Exercise: Type, Hours/week:

Family Medical History: List any medical conditions of the members of your immediate family.

Father:
Mother:
Brother(s):
Sister(s):
Father's Mother: Mother's Mother:
Father's Father: Mother's Father:

Asthma, Allergies, Eczema, Autoimmune, Thyriod Disease, Diabetes, Heart Disease, Stroke, Hypertension, Arthritis, Liver Disease. Kidnev Disease. Mental Illness. Addiction. Cancer

**General Health Review: Check any that apply.**

**Male**

- hernias       testicular pain       herpes    discharge or sores       testicular mass    prostate disease  
 impotency       other reproductive system concerns: \_\_\_\_\_

**Female**

- heavy menses    painful periods       irregular periods       light menses       clots  
 abnormal pap    painful intercourse       bleeding in between periods       vaginal sores       ovarian cysts  
 endometriosis    vaginal discharge       nipple discharge       mood swings       abnormal menses  
 breast lumps    sexual difficulties       menopausal symptoms: \_\_\_\_\_  
 other reproductive system concerns: \_\_\_\_\_

**General**

- low appetite    strong thirst    chills       tremors       sudden energy drop       localized weakness  
 poor balance    fever       fatigue       weight loss       weight gain       sweat easily  
 cravings       night sweats    poor sleep       bleed/bruise easily

**Skin and Hair**

- rashes       ulcers       hives       itching       eczema       pimples       pigment changes  
 hair loss       new moles       dandruff       dry skin       other skin/hair concerns: \_\_\_\_\_

**Head, Eyes, Ears, Nose and Throat**

- sinuses       swollen glands    excess saliva       dizziness       concussions       headaches       migraines  
 sore throat    poor vision       contacts       cataracts       eye strain       eye pain       night blindness  
 poor hearing    earaches       ringing ears       grinding jaw       cavities       jaw clicks       nose bleeds  
 loss of smell    facial pain       sore lips       sore tongue  
 other head/neck concerns: \_\_\_\_\_

**Cardiovascular**

- chest pain       palpitations       fainting       irregular beat       swollen feet/ankles       blood pressure  
 murmurs       blood clots       phlebitis       cold hands/feet       rheumatic fever       varicose veins  
 other heart or blood vessel concerns: \_\_\_\_\_

**Respiratory**

- cough       phlegm       shortness of breath       pleurisy       coughing blood       asthma  
 wheezing       bronchitis       pneumonia       other breathing concerns: \_\_\_\_\_

**Gastrointestinal**

- nausea       indigestion       chronic laxative use       diarrhea       constipation       vomiting  
 ulcer       belching       abdominal pain       bad breath       black stools       gas  
 rectal pain       liver disease       hemorrhoids       gall bladder disease       pale stools  
 other digestive concerns: \_\_\_\_\_

**Genitourinary**

- hurts to urinate       blood in urine       frequent urination       bladder urgency       unable to hold urine  
 kidney stones       decrease in flow       Wake to urinate at night? how often: \_\_\_\_\_  
 other urinary concerns: \_\_\_\_\_

**Musculoskeletal**

- Pain:  Neck       Shoulder       Elbow       Wrist       Rib       Back       Hip       Pelvis       Knee       Ankle       Foot  
 other bone or muscular concerns? \_\_\_\_\_

**Neurological**

- seizures       depression       tingling       loss of balance       concussions       anxiety  
 poor memory       prone to stress       irritable       numbness       nervousness       lack of coordination  
 have you ever been treated for emotional concerns? \_\_\_\_\_  
 have you ever considered or attempted suicide? \_\_\_\_\_  
 other neurological or psychological concerns? \_\_\_\_\_

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## Dr. Michael D Bastien ND

### INFORMED CONSENT

I would like to take this opportunity to welcome you to Vancouver Integrated Health. This Clinic utilizes the principles and practices of Naturopathic Medicine and other supportive therapies to assist the body's own ability to heal and to improve the quality of life and health through natural means.

Your practitioner will conduct a thorough case history. If you are working with a Naturopathic Doctor a physical exam, specific blood and/or urinary laboratory reports may be used as part of the treatment work-up. Any practitioner you choose to work with will have access to your history to minimize repetition while maintaining complete confidentiality.

#### Statement of Acknowledgement

Printed name \_\_\_\_\_

As a patient of this clinic I have read the information and understand that the form of medical care is based on Naturopathic and other supportive principles and practices. As Vancouver Integrated Health is an integrated health clinic, I recognize that all the practitioners that are working with me may have access to my file. I also recognize that even the gentlest therapies may have risks or complications. In certain physiological conditions or in very young children or those on multiple medications the chance of these risks may be higher and hence the information provided is complete and inclusive of all health concerns and all medications. The slight health risks of some Naturopathic treatments include, but not limited to; aggravation of pre-existing symptoms, allergic reaction to supplements or herbs; pain, fainting, bruising or injury from venipuncture or acupuncture; muscle strains and sprains, disc injuries and vascular events from spinal manipulations.

I also confirm that I have the ability to accept or reject this care of my own free will and choice and that I am not an agent of any private, local, county, provincial or federal agency attempting to gather information without so stating. I accept full responsibility for any fees incurred during care and treatment.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (Day/Month/Year)

#### Parental Consent (if applicable)

If you are under the age of 19 parent consent is required for naturopathic treatment

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (Day/Month/Year)