DR DAVID MILANOVICH ND

INTAKE FORM

CONFIDENTIAL PERSONAL INFORMATION

Name Age Birth Date Male / Female Date

Address City Postal Code

Occupation Work Phone Home Phone

Email Emergency Contact

Spouse's Name Children's Name

If above is a child: Father's Name Mother's

Do you have extended Coverage? Yes / No Referred by:

CHIEF COMPLAINT

Health Concern(s)

Cause

Onset(Date)

Frequency

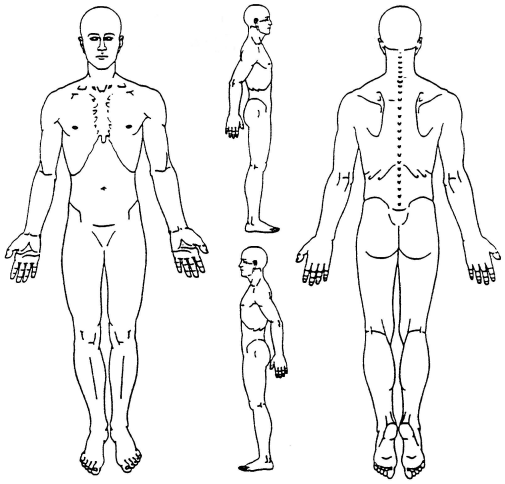
Intensity (1-10 scale)

Aggravating Factors

Relieving Factors

Describe Symptoms

Circle Location of Complaint



Have you been elsewhere for treatment? If so, where and what was the diagnosis?

Have you had any blood work, X-rays, MRI, ultrasounds, etc.?

Medications - List all medications & dosages including drugs, vitamins, botanicals, homeopathic, etc..

Do you ever take Asparin, Ibuprofen, or other NSAIDS? Yes / No

Are you currently taking Warfarin or any other anti-clotting drug? Yes / No

Known Allergies - including drugs, chemicals, food, environmental, etc.

Have you ever had an allergic reaction to dental anesthesia? Yes / No

Have you ever had an anaphylactic reaction? Yes / No

Hospitalizations, surgeries, or serious injuries? (Include Dates)

HEALTH & LIFESTYLE HABITS

Height	Current Weight(lbs)	Ideal Weight(lbs)	Max Weight(when)
Smoker: Yes / No	How Long?	Year Stopped(if applicable)	
Alcohol Use: Yes / No	Type	Frequency	
Rec. Drug Use: Yes / No	Type	Frequency	
Coffee: Yes / No	Cups per day	Juices/Pop: Yes / No	Cups per day
Water: Cups per day	Urination: Colour	Frequency	
Diet: Food groups you avoid?			
Type of foods you particularly enjoy and/or eat frequently.			
Do you ever experience any bloating, gas, burning, cramping, diarrhea and/or constipation? (Please be as detailed as possible. ie. After I eat…)			

Bowel Movements: Colour	Consistency	Frequency	
Antibiotic History: In last 2 years	During Childhood(how often)	Ever	
Exercise: Yes / No	Type	Frequency	Duration
Hobbies			
Energy Level(1-10 scale)	Stress Level(1-10) scale)	Cause?	
Sleep: Number of hours	Bed time	Wake time	
Women: Length of Menstrual Cycle	Regular / Irregular(describe)		
Number of Pregnancies:	Number of Children:	Complications Yes / No	
Additional Comments			

PERSONAL MEDICAL HISTORY
(Please check those that pertain to you)

___ Alcohol Abuse	___ Urinary/Prostate Problems	___ Skin Problems
___ Anemia	___ Gallstones	___ STD'S
___ Digestive Problems	___ Gum disease	___ Stroke
___ Lung Problems	___ Heart Problems	___ Attempted Suicide
___ Back, Muscle, Joint Pain	___ High Blood Pressure	___ Thyroid Problems
___ Gynecological Problems	___ Liver Problems	___ Depression
___ Ulcers	___ Diabetes	___ Overweight
___ Psychological Disorders	___ Anxiety	___ Chronic Fatigue
___ Eating Disorders	___ Drug Addiction	___ Cancer
___ Head Aches / Migraines	___ Broken Bones	___ Ear Infections

FAMILY MEDICAL HISTORY

	Age	Health Problems	If Deceased, When & Cause
Father			
Mother			
Siblings			
Children			

Consent Policy

I hereby consent to receive treatment by Dr. David Milanovich ND. I understand that Dr. David Milanovich is a licensed Naturopathic Physician providing, Prolotherapy/PRP, physical and laboratory examinations, nutritional and lifestyle counseling, acupuncture and traditional oriental medical care, spinal muscular manipulation, botanical/herbal medicine, homeopathic medicine, and intravenous/intramuscular injections.

Physical Medicine: Prolotherapy, also known as Regenerative Injection Therapy(RIT) and platelet rich plasma (PRP), is an injection therapy into skin, muscles, tendons, ligaments and joints involving Procaine/Lidocaine and Dextrose, or PRP, therapeutic ultrasound, electrical muscle stimulation, manipulative therapy, and muscle stretching/massage.

Acupuncture: insertion of acupuncture needles into the dermis and subcutaneous layers of the skin.

Botanical Medicine: herbs prescribed as teas, alcoholic tinctures, capsules, tablets, creams, or plasters.

Homeopathic Medicine: the use of highly dilute quantities of naturally occurring plants, animals and minerals to stimulate the body's healing responses.

Chelation: heavy metal detoxification.

Lifestyle Counselling and Hygiene: diet therapy, promotion of wellness including recommendations for exercise, sleep, stress reduction and balancing of work and social activities.

I recognize the potential risks and benefits of these procedures as described below:

Potential Risks: While Prolotherapy/PRP has been preformed on millions of people over the past 50+ years and has been proven to be extremely safe, there are some risks and potential complications to Prolotherapy/PRP including, but not limited to; immediate pain at the injection site, stiffness after the treatment (usually limed to 24 hours but can in some cases last as long as a week), allergic reaction to the solution, infection from the injection, injury to nerve or muscle, & spinal cord injury during back injections.

Other risks to various procedures listed above include allergic reactions and side effects to prescribed herbs, supplements and medications, intravenous/intramuscular injections, injury from injections, venipuncture, acupuncture, manipulation or other procedures.

Potential Benefits: restoration of health and the body's maximum functional capacity, relief of pain and symptoms of disease, assistance in injury and disease recovery, and prevention of disease of its progression.

Notice to Women: all female patients must inform the doctor if they know or suspect pregnancy, as some of the therapies used could present a risk to the pregnancy and fetus.

I am aware that there are alternatives to this treatment including; doing nothing, drug therapy, massage, physiotherapy, chiropractic or acupuncture.

I understand that I am responsible for the total fees incurred for treatment.

Signature: _____

(Parent or Guardian if patient is a minor)