

PATIENT CONSENT & ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge that I am here, on this and any subsequent visit, solely on my own behalf.
I hereby acknowledge and understand that Maureen Fontaine is a not medical practitioner and in particular:

1. Is not presenting herself as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition;
2. Is not offering to undertake by any means or method to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition; and
3. Cannot and will not give medical advice.

I hereby confirm and acknowledge that all information from, or, communication with Maureen Fontaine is at my own request, with full knowledge of the particulars; and that no guarantees have been made to me concerning the results that may be obtained.

All information is held in the strictest confidence and is for the sole purpose of this session only.

Date: _____ **20** ____ . **Signature** _____

PRIOR TO APPT: (1) NO food for 3 hours (2) Avoid Coffee (3) Drink plenty of water.

Last Name _____ First Name _____

Address _____ City _____ Postal Code _____

Email _____

Phone _____ Cell _____

Age _____ Height _____ Weight _____ Date of Birth _____

Occupation _____ Children (#) _____ Marital Status _____

Primary Concerns: (1) _____

(2) _____ (3) _____

I am presently receiving care from a/an:

Medical Doctor Massage Therapist Naturopath Acupuncturist
 Chiropractor Personal Trainer Nutritionist Other _____

Medications: _____

Supplements: _____

Surgeries: _____

Exercise includes: _____ Times per week _____

Motor Vehicle Accidents or Significant Injuries: _____

Energy Level: ___/10 **Stress level** ___/10 **Self Discipline:** ___/10 **Commitment to Health** ___/10

BLOOD TYPE _____

Continue to other side →

CURRENT SYMPTOMS & CONCERNS

Digestive System/GI

- Gas Bloating
- Constipation
- Loose stool Diarrhea
- Crohn's Celiac IBS
- Hemorrhoids Bleeding
- Oily or smelly stools
- Stomach pain
- Ulcers
- Nausea Burping
- Acid Reflux/Heartburn
- Parasites
- Hunger: never always

Daily Bowel Movements ____

Urinary System

- Frequent urination
- Painful/burning urination
- Bladder/kidney infections

Vascular System

- Heart Pain/Tremors
- Heart Pounds/Palpitations
- Dizziness Shaky
- High Blood Pressure
- Low Blood Pressure
- High Cholesterol
- Bruise easily

Endocrine System

- Fatigue Exhaustion
- Brittle fingernails
- Hair falling out
- Low sex drive
- Weight gain loss
- Crave Salt Sugar
- Feel Cold Feel Hot

Brain

- Poor memory
- Fuzzy thinking/mental fog

Thyroid Condition

- Hyper Hypo
- Other: _____

Diabetic

- Diagnoses Type 1 Type 2
- Pre-diabetic
- Sweaty palms, feet
- Sweat a lot Don't sweat

Emotional/Spiritual

- Depression
- Low Self Esteem
- Mood Swings
- Poor Sleep
- Anxiety / Panic Attacks

Respiratory System

- Shortness of Breath
- Asthma Allergies
- Colds
- Yawning/sighing
- Clear throat frequently
- Sore throat frequently
- Phlegm, nasal drip
- Itchy ears

Smoking - Addictions

- Tobacco ____ #/day
for ____ years
- Marijuana ____ x wk
- Other Recreational drugs
- I am addicted to _____.

Muscular/Skeletal System

- Muscle/Joint Pain Cramps
- Fibromyalgia Arthritis
- Osteo _____
- Headaches ____ x/ mth.

Immune System

- CANCER current or past
Type: _____
- HIV/Hepatitis
- Cold sores
- Genital Herpes
- Fungal Infections toes
- Lymph nodes swollen
- Metallic taste in mouth

Skin

- Eczema Psoriasis
- Dry Oily Fungus
- Warts/Moles
- Acne

Women Only

- Days since last period _____
- Heavy Light Clots
- PMS Birth Control
- Pregnant Breastfeeding
- Infertility issues
- Menopausal since

- HRT
- Cysts, fibroids
- Breast augmentation
- Breast tenderness
- Mastectomy
- Low Libido
- Vaginal Dryness
- C-section x ____

Men Only

- Prostate issues
- Jock Itch
- Low Libido
- Erectile Dysfunction

Dental

- Amalgam (silver) fillings
- Crowns Root Canals
- Bridges/Dentures

Sleep

- Trouble falling asleep
- Wake up through night
- Dream disturbed
- Night sweats
- Not refreshed upon waking

DIET

Check those that apply to you.

I live to eat! I eat to live.

- Animal Protein Fish Eggs
- Vegetables: steamed raw
- Coffee Tea Water
- Dairy: cheese, milk, yogurt
- Fermented foods, kefir, etc.
- Fruit Fruit Juice
- Wheat /Grain Gluten Free
- Soy Products
- Salt Sugar
- Honey/Maple Syrup/Agave
- Artificial Sweeteners
- Nuts Seeds
- Soft Drinks Energy Drinks
- Alcohol, Drinks/ wk ____

I am a Vegetarian Vegan