Dr. Jese Anne Wiens ND
Naturopathic Doctor

Rise Wellness Centre
101-2504 Skaha Lake Rd
Penticton 778-476-2550

New Patient Intake Form - Adult

Welcome! Please complete this questionnaire as thoroughly and clearly as possible. If the question doesn't feel relevant, you can skip it. All information contained in these pages is completely confidential.

Name_____ Today's Date_____

Age_____ Date of birth_____ Gender: M / F / Non-Binary

Personal Health Number _____

Home Phone_____ Work or Mobile _____

Address_____

City_____ Province_____ Postal Code_____

Email address _____

Live with: Spouse/Partner_____ Parents_____ Children (#)_____ Friend_____ Alone_____

Occupation_____ Hours per week _____

Emergency Contact: Name_____

Relationship & Phone Number _____

Referred by/How did you hear about our office? _____

What expectation/goal(s) do you have for this visit?

What long-term expectations do you have for working with Dr. Wiens?

Allergies/Intolerances

Are you hypersensitive or allergic to...Any drugs? _____
Any foods? _____
Any environmental (pollens/pets) or chemical sensitivities? _____

Do you have any known contagious diseases at this time? Y / N
If yes, please list._____

Dr. Jese Anne Wiens ND
Naturopathic Doctor

Rise Wellness Centre
101-2504 Skaha Lake Rd
Penticton 778-476-2550

Other practitioners you are currently seeing/have recently seen (ex. MD, DC, RMT):

Name Type of Practitioner Treatment

1) _____
2) _____
3) _____

Please list all surgeries/major procedures you've had:

Procedure	Year	Reason

Please list your health concerns **in order of importance:**

Complaint	Since	Possible Cause(s)

Females Only (P = significant past problem)

Age of first menses?_____
Age of last menses? (if menopausal)_____
Length of monthly cycle?_____ days
Duration of menses/bleeding?_____days
Date of last PAP exam? _____
Abnormal PAP? Y / N / P
Are you sexually active? Y / N / P
Are you currently breastfeeding? Y / N

Are cycles regular? Y / N
Bleeding between cycles? Y / N / P
Number of pregnancies: _____
Number of live births: _____
Number of miscarriages: _____
Number of abortions: _____
Birth control? Y / N / P Type? _____

Males Only **(**P = significant past problem)

Prostate disease? Y / N / P
Testicular masses? Y / N / P
Are you sexually active? Y / N / P
Erection difficulty? Y / N / P

Testicular pain? Y / N / P
Discharge or sores? Y / N / P
Difficulty urinating? Y / N / P
Low sex drive? Y / N / P

Dr. Jese Anne Wiens ND
Naturopathic Doctor

Rise Wellness Centre
101-2504 Skaha Lake Rd
Penticton 778-476-2550

Review of Symptoms *please circle any present or significant past concerns (mark with P if past)*

Skin Rash, eczema, itching, pigmentation, changes in hair growth, nail changes, cold sores
Head Headaches, vertigo, lightheadedness, injury
Vision Vision changes, tearing, blind spots, pain, dry eyes, macular degeneration, glaucoma
Nose Bleeding, recurrent colds, obstruction, discharge, sinus infections, inhalant allergies
Dental Extensive dental work, gingival bleeding, dentures, root canal
Neck Stiffness, pain, whiplash, masses in thyroid
Cardiovascular Pain/angina, palpitations, hypertension, heart murmurs, varicosities, stroke
Respiratory Shortness of breath, cough, respiratory infections, asthma
Gastrointestinal
Low appetite, indigestion, abdominal pain, heartburn, burping, nausea, vomiting, constipation, diarrhea, abnormal stools, flatulence, hemorrhoids, hepatitis, parasites, gallstones, bloating
Genitourinary Urgency, frequency, kidney stones, infections, discharge
Musculoskeletal Joint pain, swelling, decreased motion, weakness, cramps
Neurologic/Psychiatric
Seizures, paralysis, tremor, incoordination, numbness, difficulties with memory, anxiety, depression, previous psychiatric care, OCD, bipolar
General Anemia, bleeding tendency, intolerance to heat or cold, night sweats, diabetes, cancer

Any other conditions not listed above?

Family History (Please check all that apply)

□Alcoholism □Allergies. □Arthritis □Asthma □Cancer type: _____
□Depression □Diabetes □Epilepsy □Eczema/Skin Diseases
□Gallstones □Glaucoma □Heart Disease □Stroke □Hypertension
□Kidney Disease □Mental Illness □Osteoporosis □Thyroid disease
Any other relevant family history? _____

Current Medications

Please list everything you are currently taking (Prescription, over the counter, supplements, vitamins, minerals).

Medication/supplement	Since	Dose & Reason

Dr. Jese Anne Wiens ND
Naturopathic Doctor

Rise Wellness Centre
101-2504 Skaha Lake Rd
Penticton 778-476-2550

Physical Exam Questions

Height:_____ Weight:_____ Weight 1 year ago: _____
Highest weight?_____ When? _____
When was the last time you had a complete physical exam? _____

Typical Food Intake

Breakfast_____

Lunch_____

Dinner_____

Snacks_____

Liquids/Drinks_____

Do you eat three meals a day? Y / N Drink coffee? Y / N How often do you eat out? _____
Do you know your blood type? A / B / O / AB

Lifestyle questions

Interests and hobbies? _____
Exercise type:_____How often? _____

Please indicate using a Y, N, or amount as applicable:
Average 7-9 hours of sleep? _____ Sleep well? _____
Enjoy your work? _____ Take vacations?_____ Spend time outside? _____

Have a supportive relationship? _____ History of physical or emotional abuse? _____
Any major traumas (physical or emotional)?_____At what age(s)?
How many hours of TV / week?_____ Use recreational drugs in past or present? _____
Drink alcoholic beverages? Y / N How many per week? _____
Use tobacco? Y / N How many per day? _____ Smoked previously? Y / N
Do you have a religious or spiritual practice, and what is it?_____

Is there anything else you would like to add that might be relevant to your health care?

Thank you for your time and effort.
We look forward to providing you with the best possible care.

Dr. Jese Anne Wiens ND
Naturopathic Doctor

Rise Wellness Centre
101-2504 Skaha Lake Rd
Penticton 778-476-2550

Informed Consent for Naturopathic Treatment

Naturopathic treatment may include the following modalities:

- Botanical medicine
- Hydrotherapy
- Clinical nutrition
- Homeopathy & Bach Flower Essences
- Lifestyle and Psychological counselling
- Traditional Chinese Medicine (TCM) including acupuncture and eastern herbs
- Physical treatments such as Chiropractic style adjustments, Bowen therapy, muscle energy technique, massage, Craniosacral therapy or joint play.
- Prescription Medicine

The following diagnostic procedures may be used:

- Physical exam including ears, eyes, respiratory, cardiac, abdominal, lymph, nervous systems.
- Orthopedic assessment of spine and other joints.
- TCM pulse and tongue diagnosis
- In office testing such as urinalysis or blood glucose via fingerstick
- Specimen collection using saliva, urine, stool, or blood to be sent to external labs.
- Breast, gynecological, genital, rectal, or prostate exams as necessary

Even the gentlest therapies may cause complications in certain physiological conditions, such as pregnancy, lactation, very young children, or those taking multiple medications. Some therapies must be used with caution in certain diseases including but not limited to diabetes, heart, liver and kidney disease. Fully inform the doctor of your current condition and medications.

There are some slight health risks associated with Naturopathic Medicine, including but not limited to:

1. Aggravation of pre-existing symptoms
2. Allergic reactions to supplements or herbs
3. Pain, possible bruising or injury from venipuncture, fingerstick or acupuncture
4. Muscle or joint pain from alignment techniques.

All payments are due when services are rendered.

Please ensure that you give 24 hours notice to change or cancel appointments to avoid a missed appointment fee.

I_____hereby authorize Dr. Jese Wiens to perform specific procedures as deemed necessary to facilitate my diagnosis and treatment. I understand that I am free to withdraw my consent and discontinue my treatment at any time. I understand that Dr. Wiens will answer any questions that I have to the best of her ability. I understand that the results are not guaranteed. I do not expect the doctor to be able to anticipate and explain all risks and complications.

Signature_____(parent/guardian if under 18) Date: _____