

WELCOME TO OUR HEALTH CLINIC

KINGSTON INTEGRATED HEALTHCARE INC.

We're glad you're here!

THANK YOU for taking time to explore our clinic and your healthcare options. We're passionate about our work and look forward to working with you over the coming months!



HEALTH CANADA estimates that more than half of all Canadians use some form of integrative medicine. Integrative medicine combines the strengths of multiple medical perspectives and perceives the person as a whole, integrated unit.

People request our services for a variety of reasons:

- Disease management, prevention, or education
- Chronic pain or disability
- Drug or surgery alternatives
- Desire to improve quality of life
- Physical, mental, or emotional, concerns

We help the body restore optimal function by addressing underlying causes of illness for effective, long-lasting results.

Current information about our services and workshops is offered in our e-newsletter which you may sign up for on our website. Our team members share unique health articles here in what we hope you'll find to be a fun and educational resource worth sharing.

Please take your time when completing the following new patient forms. They are an important initial step toward defining your healthcare needs and achieving your health goals.

We're a team of health professionals offering expertise in complementary, alternative, and integrative medicine.

- Naturopathic Medicine
- Physiotherapy
- Massage Therapy
- Osteopathy
- Acupuncture
- Pharmaceutical counseling
- Speech-Language Pathology
- Holistic Nutrition
- Shamanic healing
- Ayurveda
- Medical testing
- Community Workshops

With your permission, your KIHC health practitioner may consult other clinic professionals or refer you for co-care.

All practitioners offer complimentary 15-minute introductory appointments to help you find the right professionals for your personal healthcare team.



ADULT INTAKE FORM

Name: _____ Date: _____

Name of person completing this form (if different from above) and relationship to client: _____

Date of birth (dd/mm/yy): _____ Age: _____ Gender: _____

Address: _____

Postal Code: _____

Home Tel: _____ Work Tel: _____ Email address: _____

Occupation: _____

Education level: _____

What is the best way for us to contact you? _____

May we leave telephone messages at home or work? _____

How did you hear about this speech-language pathology practice? _____

Please describe your concerns and/or goals related to communication:

1. _____

2. _____

3. _____

Is there a caregiver or Substitute Decision Maker involved in your care? Please explain: _____



BACKGROUND INFORMATION

Please explain any relevant background information that would be helpful for me to know prior to our assessment (e.g. sustained trauma/injury, relevant family background, relevant developmental history): _____

SOCIAL HISTORY

If you feel that changes in your communication also impact important people in your life, please provide some additional background information including your current living arrangements and/or employment situation:

Please list members of the immediate family, and any other frequent communication partners:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____



MEDICAL HISTORY

Please list all other health professionals involved in your care as it relates to communication:

Family Doctor: _____

Ear, Nose, Throat (ENT) Physician: _____

Psychologist: _____

Speech-Language Pathologist: _____

Audiologist: _____

Occupational Therapist: _____

Concussion Specialist: _____

Neurologist: _____

Dentist/Orthodontist: _____

Other: _____

Are you taking any medications? (The side-effects of some medications can impact communication in different ways) _____

Is there any additional information you feel would be helpful for me to know? (e.g. other illness, current alternative modes of communication, previous intervention with a speech-language pathologist) _____

Thank you.



INFORMED CONSENT FOR TREATMENT

Speech-Language Pathologists (SLPs) are uniquely trained to screen, assess, and treat a variety of communication disorders. They work in partnership with other regulated healthcare providers to ensure that clients receive the most effective care possible.

Your first appointment will generally last 60 to 90 minutes. Follow-up appointments may range from 30 to 60 minutes each, according to your individual health requirements. The first consultation fee is \$180. OHIP does not cover the fees of a Speech-Language Pathologist, however many extended healthcare insurance providers do. Services offered by SLPs are exempt from HST.

STATEMENT OF ACKNOWLEDGEMENT

I understand that the form of healthcare is based on Speech-Language Pathology principles and practices. I will inform my Speech-Language Pathologist (SLP) of all health concerns, medications, and medical interventions, including over-the-counter drugs and supplements, because safe care requires that I truthfully and completely disclose this information.

I understand that I am entitled to know about my assessment and treatment, including the expected costs, benefits, and risks. I am entitled to know the consequences of not accepting treatment and of alternative courses of action. I am encouraged to request more information as needed, and to take an active role in my care.

I acknowledge that I have had the opportunity to discuss my proposed treatment with my practitioner and that she/he has answered all of my questions to the best of her ability. I understand that my SLP is not able to guarantee results. I am aware that I am free to withdraw my consent and discontinue treatment at any time. I accept full responsibility for any fees incurred during care and treatment. I am aware that I am always at liberty to seek or continue care from another healthcare provider.

SIGNATURE

DATE

WITNESS



**CONSENT FOR COLLECTION, USE, AND DISCLOSURE
OF PERSONAL HEALTH INFORMATION**

Your health privacy is a primary concern and the personal health information you disclose to your Speech-Language Pathologist (SLP) during your appointments will be handled in accordance with current federal privacy legislation and standards determined by the provincial regulatory body. Personal health information includes identifiable information such as age, gender, family status, and health history.

Your Speech-Language Pathologist, employees, and health practitioners of 541 Palace Road will collect, use, and disclose information about you for the following purposes:

- To assess your health concerns;
- To provide health care and advise you of treatment options;
- To communicate with other health providers;
- To establish and maintain contact with you;
- To invoice for goods and services, process credit card payments; and
- As required by law.

Employees and health practitioners of 541 Palace Road will have access to your record of personal health information and may come into contact with personal health information that is sent to or from the clinic. Staff members and practitioners will collect, use, and disclose your personal health information accordingly to protect your privacy and the confidentiality of your information.

I have reviewed the above information and authorize _____, Speech-Language Pathologist, employees, and health practitioners of 541 Palace Road, to collect, use, and disclose my personal health information as outlined above.

NAME

DATE

SIGNATURE

WITNESS