Balance Point Health Centre Inc.

LIVE BLOOD MICROSCOPY INTAKE FORM

FULL NAME

DATE OF BIRTH (Month/Day/Year)

HOME ADDRESS

AGE

GENDER

CITY

POSTAL CODE

HEIGHT

WEIGHT

HOME PHONE

CELL PHONE

BLOOD TYPE (if known): A, B, AB, O

EMAIL ADDRESS

OCCUPATION

MARITAL STATUS

How did you hear about the clinic? _____

Were you referred by someone? YES NO If yes, who? _____

What are your top 3 health concerns and main symptoms?

_____

_____

_____

What other healthcare providers have you seen regarding your current health challenge?

_____

_____

_____

Do you currently see a Naturopathic Doctor? Yes No

If ***Yes***, who? _____

ND Contact information: (Phone/Email/Fax) _____

Known Allergies: _____

List any medications you are currently taking:

Medication	*Reason*	*Dose & How Long been Taken*

List any supplements/vitamins you are currently taking:

Supplement/Vitamin	*Amount per day*	*How Long been Taken*

465 Morden Road, Suite 110, Oakville, Ontario L6K 3W6 289-291-0254 balancepointhc@yahoo.com

Please complete the attached 4 day food diary on the chart attached.

Blood Sample: A small blood sample is required for Live Blood Analysis.
I authorize the use of a lancet to obtain this sample. _____ *(please initial)*

This information is provided for a Live Blood Analysis. I understand that the information I am seeking is not a medical diagnosis.

Signature: _____ Date: _____

By signing this document, I hereby acknowledge that I have voluntarily chosen to participate in Live Blood Cell Analysis provided by Certified Nutritional Practitioner (CNP) and Live Blood Analyst Crina Cretu, including, but not limited to having my finger/s punctured in order to extract one or several drops of blood which is then placed on a microscope slide or having electrodes placed in the palms of my hands.

I recognize that the Live Blood Cell Analysis technique involves minor risk of injury and I agree to accept any and all risks associated with it. I am voluntarily participating in this technique with the knowledge of the risks involved and hereby agree to accept any and all inherent risks of bodily injury.

I fully understand that the CNP and Live Blood Analyst is not a Medical Doctor, and I am not here for medical diagnostic or treatment procedures. I am at liberty to seek or continue to seek and to consult with a physician, surgeon or any other licensed health care provider.

I understand and agree that any services rendered by a CNP and Live Blood Analyst are not designed to cure, diagnose or prevent any disease, pain, deformity, injury, or mental or physical condition of any kind and are not intended as a substitute for conventional medical treatment.

I understand that the services performed by a CNP and Live Blood Analyst are at all times restricted to performing the live blood analysis, nutritional evaluations, food and supplement suggestions as well as exercise and lifestyle recommendations for the purpose of enhancing health and vitality and are not intended as a diagnosis, prognosis, treatment, prescription or cure of any disease or for any act for which a medical license is required.

I hereby expressly agree to indemnify, defend and hold harmless the CNP/Live Blood Analyst and the Clinic for any claim arising out of or incident to my participation in nutritional consultation, live blood cell analysis, or supplementation planning, unless claim is caused by the willful misconduct of the CNP/Live Blood Analyst or the Clinic.

I further understand that the CNP/Live Blood Analyst and the Clinic make no representation or warranties on the results that I may or may not obtain after going through nutritional consulting, live blood cell analysis, or supplementation planning. As a result, I agree not to pursue a claim against the CNP/Live Blood Analyst and/or the Clinic if I am dissatisfied with the results of my consultations.

I agree that this acknowledgement and informed consent is effective from the time I sign this document.

Privacy Policy Consent Declaration

The Clinic will collect, use and disclose only necessary information about you for the following purposes:

- To collect information for assessment (e. g. blood test results)
- As a means of communication between the CNP/Live Blood Analyst, and the client
- To provide information on seminars/workshops via email or Canada Post (mail)
- To provide handouts and additional nutrition information by email or Canada Post (mail)

I also understand that there are limits to my confidentiality, including the following:

- Where there is the risk of imminent harm to myself or another person; the CNP/Live Blood Analyst has the legal and/or ethical duty to take the appropriate steps to protect life.
- When a court orders the CNP/Live Blood Analyst to release information, as we are bound by law to comply.
- When the Technician has reason to believe that a child or an elderly person is in danger of, or is being abused (physically, emotionally, or sexually), we are obligated by law to report the abuse.
- In response to a subpoena from a court of a law.

Disclosure of client information: To the client's doctor/health practitioner(s):

- To Clinic's colleagues of the CNP/Live Blood Analyst, for the purpose of client health support.
- We will only share your information with your consent.

Storage, retention, and destruction of your personal information complies with existing legislation, and privacy protocols.

Appointments

I (the client) agree to make every effort to keep all schedule appointments and be on time. Failure to attend on time may result in a shorter consultation due to time constraints. If I cannot attend a scheduled session, I will call the Clinic to cancel and/or reschedule. There will be no fee if a phone message, email or conversation is received **before** 24 hours of the scheduled appointment time. If the phone message or conversation is received **after** the 24 hour time frame, full fees will be payable to the clinic for that cancelled or missed session.

Client Acceptance: I understand and agree to the above

Date: _____ *Printed Name:* _____ *Signature:*_____

FOOD and ACTIVITY LOG

Name: _____

Instructions: Please record all food, beverages, snacks, and all physical activity performed each day. Then record your state of mind, moods or feelings (for example: sad, tired, moody, happy, alert, optimistic, etc).

MEAL	**Day 1**	**Day 2**	**Day 3**	**Day 4**
Breakfast				
Snack				
Lunch				
Snack				
Dinner				
Snack				
Activity				
Emotional state/ How do you feel?				