

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 dedicated team of health professionals offering expertise in complementary, alternative, and integrative medicine.

- Naturopathic Medicine
- Massage Therapy
- Osteopathy
- Acupuncture
- Physiotherapy
- Pharmaceutical Counseling
- Holistic Nutrition
- Reiki and Bioenergy
- Ayurveda
- Shamanic Healing
- Medical testing

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

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



SHAMANIC HEALING INTAKE FORM

Name: _____ Date: _____

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

Address: _____

Postal Code: _____

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

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

May we leave telephone messages at home or work? _____

Would you like to receive our clinic email newsletter? _____

How did you hear about this holistic health practice? _____

Emergency contact information:

Name: _____ Relationship: _____ Tel: _____

Please list all other practitioners on your healthcare team (e.g. medical doctor, dentist, etc.):

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 2. _____ | 3. _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| () _____ | () _____ | () _____ |

Please list your priorities and goals for care here:



INFORMED CONSENT FOR TREATMENT

Algonquin Medicine and Reiki ("Shamanic Healing"), uses non-invasive, hands-on and hands-off energy techniques and guided meditation ceremonies that support the body's ability to heal. Clients are fully clothed for the duration of their treatment. Post-care recommendations may include lifestyle, nutrition, and psycho-spiritual recommendations.

STATEMENT OF ACKNOWLEDGEMENT

I, _____, as a client of Lisa Sabatini, understand that Algonquin Medicine and Reiki ("Shamanic Healing") is based on principles and practices of Shamanic Healing. I understand that chronic conditions sometimes require multiple sessions to facilitate my body's ability to heal, and that self-improvement requires commitment on my part. I understand that I must be willing to change in a positive way if I am to receive the full benefit of Shamanic Healing.

I understand that Shamanic Healing Practitioners do not diagnose, prescribe, or perform medical interventions. They do not prescribe substances and do not interfere with treatments by licensed healthcare providers. I understand that Shamanic Healing does not take the place of medical care, though it may be a complement to the care I am already receiving. I understand that I am always at liberty to seek or continue care with other health providers.

I understand that I can opt for ONLY hands-off treatments at ANY time.

I will inform my practitioner if I am or might be pregnant or breastfeeding.

I understand that though Shamanic Healing is generally safe and gentle, there may be risks associated with some treatments or recommendations, including but not limited to: aggravation of pre-existing symptoms, and potential detoxification symptoms. I understand that while some symptoms may resolve quickly, others may take more time to improve or may not improve at all.

I understand that my practitioner will maintain client confidentiality unless there is reason to believe that I might harm myself or someone else; under these conditions I understand that appropriate action will be taken for my safety and the safety of others.

I acknowledge that my Shamanic Healing Practitioner has answered all my questions to the best of her ability. I understand that my practitioner is **not** able to guarantee results. I am aware that I am free to withdraw my consent and discontinue treatment at any time. I understand that OHIP does not cover the fees of a Shamanic Healing Practitioner, and I accept full responsibility for any fees incurred during care and treatment, including a **50% late cancellation fee if providing less than 24 hours' notice for cancelling my appointments.**

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 practitioner during your appointments will be handled in accordance with current privacy legislation. Personal health information includes identifiable information such as age, gender, family status, and health history.

Your practitioner, 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 do *not* have access to chart entries and treatment plans made for you by your KIHC practitioner. 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 Lisa Sabatini, employees, and health practitioners of 541 Palace Road, to collect, use, and disclose my personal health information as outlined above.

NAME

DATE

SIGNATURE

WITNESS