

Welcome to Koru Natural Health Centre

Dr. Kellie Ferguson - Naturopathic Physician

My goal is to offer our experience and knowledge to help you understand and take control of your health. I hope to give you tools so that you have more freedom to fully enjoy and participate in your family, career and your own happiness.

Before your first visit please complete the New Patient Intake form. It provides us with information to help direct your care and streamline your experience at the clinic. Please bring it and any medical records or copies of recent or pertinent lab work to your visit.

What to expect:

Your first visit is 1 hour with Dr Ferguson. In that time, she will ask you a series of questions related to your health and lifestyle. She will also spend some time on a physical exam and will create a treatment plan with you. Future visits will be 15-30 mins (depending on the complexity of your case). Please feel free to ask any questions you have about your health, your options or your treatment plan during the visit or via email or the phone. Annual visits for organ and food testing are 45 minutes.

Naturopathic scope:

The Naturopathic scope in British Columbia has been recently reworked. It has always been understood that we could prescribe most supplements, herbs and homeopathic medicines. The scope has been expanded to reflect our training and include pharmaceutical prescribing rights. With an upgrading course, which Dr Kellie has completed, ND's are able to prescribe most but not all medications. However, lab work ordered by Naturopathic Physicians is not covered by BC healthcare. Dr. Ferguson does offer the option to order lab work directly from facilities in Alberta or the US. Though you are responsible for this cost, most extended health plans will reimburse for labwork. You can also choose to ask your GP to order the tests through the BC labs.

Supplements and Dispensary:

Botanical medicines and supplements are medicines as much as prescriptions are and they can occasionally have undesirable side-effects and can interact with your other medications. For many supplements problems occur due to poor purity and quality control standards. Dr. Ferguson researches products and only stocks those that are regulated and quality controlled. We understand that you are constantly faced with information about new therapeutics, diets and supplements and it is often difficult to sort through. And while staff at vitamin stores are knowledgeable about their products they do not know your history and, generally, have limited medical training. Naturopathic medicine like allopathic or conventional medicine functions on the principles of evidence-based medicine. As an integral part of ongoing professional development, Dr Ferguson reviews the latest research on your condition and its related treatments. Please use her as a resource prior to purchasing new products to ensure they are safe and effective for you. Feel free to call with questions or email at drkferguson@gmail.com.

We hope this provides you with enough information to get you started with us. We look forward to seeing you and helping you move towards a healthier life.

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Financial Policy

Your health is an important investment. Being healthy allows you to freely enjoy and participate in your family, career and personal happiness. We are doing everything possible to hold down the cost of your health care. You can help a great deal by being familiar with our financial policy and eliminating the need for us to bill you. The following is a summary of that policy.

ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment is required at the time services are rendered unless other arrangements have been made in advance. We accept Visa, MasterCard, Interac, cash or personal check. There is a service charge for returned checks.

Over due accounts: Patients with an outstanding balance of 30 days overdue must make arrangements for payment prior to scheduling appointments. If it becomes necessary to forward an account to a collection agency, in addition to the amount owed, that client will also be responsible for the fee charged by the collection agency for costs of collections.

Insurance: Unfortunately, basic MSP coverage does not cover Naturopathic services, and as such, you are responsible for paying the full cost of your services. However, we will provide you with a detailed billing summary and claim cards for you to remit directly to your Extended Medical insurance for reimbursement. Please note that MSP extended will reimburse \$23 for each Naturopathic, Chiropractic, Massage, non-surgical Podiatry, or Physiotherapy visit up to 10/year. If you need assistance or have questions, please contact Dr. Ferguson.

Emergency Pages / Off-Hours Calls: Pages and calls during off hours are a service we provide to help you in the event of minor emergencies and acute illness. In the event of life-threatening emergencies 911 should be called immediately. Pages and off-hour calls may be charged a \$50 fee.

Phone Consults: Occasionally, the Doctor may authorize follow up visits be made over the phone. These will be scheduled in advance, and the client is responsible for calling the Doctor at the arranged time. Fees are charged as with an office visit and missed appointment / late cancel policy is applied similarly. Payment is due within 30 days or prior to the next visit which ever occurs first.

Dispensary: The clinic offers supplements and health care products for purchase with prescription. Dr. Ferguson has screened specific products from a variety of companies to choose those that are the most complete, high quality preparations available. The companies represented have strict quality control and testing guidelines. If you choose not to purchase products with us, Dr Ferguson is always happy to give you a list of local supplement retailers and products to look for. Products are not refundable if opened.

Missed Appointments / Late Cancellations: Cancellations are requested at least 24 hours prior to the appointment. Missed visits and late-cancels represent a cost to us, to you, your health and to the other patients who could have been seen in the time set aside for you. We reserve the right to charge up to the full cost of the visit for missed or late-cancelled appointments. Excessive abuse of scheduled appointments may result in discharge from the practice.





Koru Natural Health Centre Dr. Kellie Ferguson, ND

Visit Fees

Naturopathic care:

Initial Visit	60 min	.....	\$140
Follow Up Visits	30 min	.....	\$ 70
	45 min	.....	\$105
Brief	15 min	.....	\$45
Intro Visit	15 min	.....	free
Emergency pages/calls		.....	\$50
Annual Organ and Food Screen (45mins)		.....	\$105

* Phone consults are scheduled and charged as with in-office visits.

** No charge for phone calls re. clarification of treatment plans or directions.

Homeopathic care:

Initial Visit (new patient)	2 hrs	.....	\$280
Initial Visit (established ptnt)	1 1/2hr	.....	\$210
Follow Up Visits	30 min	.....	\$70
	45 min	.....	\$105

Testing with EAV machine

Supplement testing (additional 15mins)	.....	\$45
Food Allergy testing (additional 30mins)	.....	\$70
Organ testing	.....(included in visit fee)	

Other services:

Vitamin B12/complex injection	.....	\$15
Laboratory tests	..... pricing variable please ask.	
Detailed letters/forms	.....	\$30
Brief notes/forms	.....	\$15



Informed Consent

Naturopathic Medicine is the treatment and prevention of disease by natural means. Naturopathic Doctors assess the whole person, taking into consideration physical, mental, emotional and spiritual aspects of the individual. Gentle, non-invasive techniques are generally used in order to stimulate the body's inherent healing capacity.

A number of different approaches may be used throughout the course of treatment. Treatment modalities include diet and nutritional supplements, botanical medicine, homeopathy, counseling, hydrotherapy, physical medicine, and lifestyle counseling.

Individual diets and nutritional supplements are recommended to address deficiencies, treat disease processes, and promote health. The benefits may include increased energy, increased gastrointestinal function, improved immunity, and general well-being.

Botanical medicine is a plant based medicine that involves the use of herbal teas, tinctures, capsules, and other forms of herbal preparations to assist in recovery from injury and disease.

Homeopathy is a form of medicine based on the Law of Similars – that is, the use of tiny doses of the very thing that causes symptoms in healthy people to help cure those symptoms in the sick. These minute doses of plant, animal, or mineral substances are used to stimulate the body's ability to heal itself. Homeopathy is a powerful tool that effects healing on a physical and emotional level.

Naturopathic Counseling focuses on the connection between mental and emotional health and physical health and performance and the relationship between the emotions, the spirit, the mind and the physical body. To that end, counseling aims to help understand the emotional effects of chronic health problems and the impact of work-related stress, relationships and life issues on overall wellness.

Physical medicine refers to the use of hands-on techniques such as soft tissue and spinal manipulation, as well as various types of electrical stimulation and therapeutic ultrasound for the purpose of treating musculoskeletal and neurological problems.

Hydrotherapy refers to the use of hot and cold water applications to improve circulation and stimulate the immune system.

Lifestyle counselling involves identifying risk factors and making recommendations to help optimize one's physical, mental, and emotional environment.

During your initial visits, your Naturopathic Doctor will take a thorough case history, do a physical examination, and when indicated, take blood and urine samples. The physical examination may include more specific examinations such as gynecological (e.g., PAP), rectal, prostate, or genital exams.

Even the gentlest therapies may cause complications in certain physiological conditions (e.g., pregnancy, lactation, very young children, or those taking multiple medications). Some therapies must be used with caution in certain diseases such as diabetes, heart, liver or kidney disease. It is very important, therefore, that



you inform your doctor immediately of any disease process that you are suffering from as well as any medications (prescription or over-the-counter) that you are taking. If you are pregnant, suspect you are pregnant, or you are breast-feeding, advise your doctor immediately.

There are some slight health risks associated with Naturopathic Medicine. These include but are not limited to:

- Aggravation of pre-existing symptoms
- Allergic reactions to supplements or herbs
- Pain, bruising or injury from venipuncture.
- Muscle strains and sprains or disc injuries from spinal manipulation

_____ I understand that a record will be kept of the health services provided to me.
Initials This record will be kept confidential and will not be released to others without my consent, unless required by law. I understand that I may look at my medical record at any time and can request a copy of it by paying the appropriate fee.

_____ I give permission for Dr. Ferguson to call or mail me at my home for
Initials appointment reminders or scheduling.

_____ I give permission for Dr. Ferguson to send me Birthday and Thank
Initials You cards, seminar notification and clinic notices.

_____ I understand that the Naturopathic Doctor will answer any questions that I have
Initials 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. With this knowledge, I voluntarily consent to diagnostic and therapeutic procedures mentioned above, except for (please list any exceptions):

_____ I have read and understand Dr. Ferguson's Financial Policy. I agree to comply
Initials with this policy.

I have read and understand the above-stated policies and information. I intend this consent form to cover the entire course of treatment for my present condition. I understand that I am free to withdraw my consent and to discontinue participation in these procedures at any time.

Patient Name (please print): _____

Signature of Patient or Guardian: _____

Date: _____





Are you under the care of any specialists? **Yes/No** _____
(Name) (Specialty) (City)

Are you receiving other health care? Yes/No: _____

Please list your major health concerns in order of importance

Complaint	Since	Possible Cause(s)

What medications/supplements are you currently taking (prescription / over-the-counter / supplements / vitamins / minerals etc.)

Medication/Supplement	Since	Adverse Effects



List all surgeries/major illnesses you have had:

Procedure	Year	Complications?

Which of the following conditions have you had? (Check all that apply)

<input type="checkbox"/> Abscesses	<input type="checkbox"/> Depression	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Herpes Genitalia	<input type="checkbox"/> Mumps	<input type="checkbox"/> Rubella	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Allergies	<input type="checkbox"/> Emphysema	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Parasites	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Amnesia	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Influenza	<input type="checkbox"/> Pelvic Inflammatory Disease	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Gall Stones	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Peritonitis	<input type="checkbox"/> Skin Disease	<input type="checkbox"/> Typhoid
<input type="checkbox"/> Asthma	<input type="checkbox"/> Gonorrhoea	<input type="checkbox"/> Leukemia	<input type="checkbox"/> Pleurisy	<input type="checkbox"/> Strep Throat	<input type="checkbox"/> Venereal Warts
<input type="checkbox"/> Cancer	<input type="checkbox"/> Gout	<input type="checkbox"/> Malaria	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Whooping Cough
<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Measles	<input type="checkbox"/> Prostatitis	<input type="checkbox"/> Sunstroke	<input type="checkbox"/> Worms
<input type="checkbox"/> Cold Sores	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Miscarriage		<input type="checkbox"/> Stroke	<input type="checkbox"/> Yellow Fever

Which of the following ailments listed, or any others, have affected your parents or siblings

<input type="checkbox"/> Alcoholism	<input type="checkbox"/> Depression	<input type="checkbox"/> Gallstones	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Strep Throat
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Stroke
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Easy Bleeding	<input type="checkbox"/> Gout	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Thyroid Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Eczema	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Cancer	<input type="checkbox"/> Emphysema	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Skin Diseases	<input type="checkbox"/> Venereal Disease
<input type="checkbox"/> Chronic Bronchitis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> High Blood Pressure			

Do you exercise? **Yes/No** What forms? _____
 How often? _____

What are your interests or hobbies? _____

 How Often? _____

Is there anything else I need to know about you personally, about your health condition, or about the circumstances relating to you or your condition? (Use back side to answer)