

## Naturopathic Intake

Name \_\_\_\_\_

Date \_\_\_\_\_

Date of birth (ie. Jan. 1/58) \_\_\_\_\_ Sex: M F

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone numbers: home \_\_\_\_\_ cell \_\_\_\_\_ work \_\_\_\_\_

What are your health concerns, in order of importance to you?

1 \_\_\_\_\_ 4 \_\_\_\_\_

2 \_\_\_\_\_ 5 \_\_\_\_\_

3 \_\_\_\_\_ 6 \_\_\_\_\_

How did you hear about Platinum Energy Systems Foot Spas? \_\_\_\_\_

Have you ever done a detox program before? If so, what kind? ( Yes No) \_\_\_\_\_

What do you hope to achieve from having this Foot Spa session or series of sessions? \_\_\_\_\_

Do you have a heart pacemaker? Yes No Initial \_\_\_\_\_

Are you pregnant or breast-feeding? Yes No Initial \_\_\_\_\_

Have you had any organ transplants? Yes No Initial \_\_\_\_\_

Do you have epilepsy? Yes No Initial \_\_\_\_\_

Do you take anti-depressant medications? Yes No Initial \_\_\_\_\_

Do you have open wounds on your feet? Yes No Initial \_\_\_\_\_

Are you presently seeing a health care practitioner? If yes, name and profession \_\_\_\_\_

If yes, for what condition (s)? \_\_\_\_\_

### Why Have a Platinum Energy Systems Foot Spa Session?

- Purpose:** - to detoxify the body
- Approach:** - increases sweating – 2,000 eccrine glands in each foot  
- increases circulation  
- improves alkaline/acid pH balance  
- increases metabolism  
- increases glandular and organ function  
- increases energy levels
- Results:** - improved health (in all systems of the body)  
- improved sense of well-being on all levels (physical, emotional, mental)  
- effects last for one to three weeks after the treatment

**Recommended for:**

- all diseases caused by high acidity in the body
- sports and athletic interests (preventive and restorative)
- overall health maintenance and balance
- detoxifying accumulated toxins and heavy metals from the body
- stress-reduction
- sleep disturbances
- decreasing pain, injury, and trauma
- decreasing acidity (which benefits organ and cellular function)

**Potential Clients:**

- seniors
- people with health concerns
- people living with high levels of stress
- people who work in toxic environments
- athletes
- executives
- anyone seeking physical, mental, and emotional improvement

### Release of Liability, Waiver of Claims Assumption of Risks and Indemnity Agreement

Current Condition:

Platinum Detox International, the manufacturer of the Platinum Energy Systems Foot Spa does not recommend Foot Spa sessions for the following conditions:

- pregnancy/breast feeding
- organ transplant recipients
- pacemaker recipients
- children under the age of 5
- epilepsy
- open cuts on feet
- psychotic episodes or seizures
- advanced stages of diabetes

Waiver:

I waive the right to any claims that I may have now or in the future in regards to the Foot Spa session I am about to experience.

I hereby acknowledge that I have read the above waiver and agree and accept full responsibility for any possible risks endured during this and future Foot Spa sessions.

I am aware that by signing this document, I am waiving the right to any liability claim against the practitioner for any liability for personal injury.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

# EXTENDED HEALTH BENEFITS

## CHECK-OFF LIST

Name \_\_\_\_\_

Date \_\_\_\_\_

**We have prepared this list for you to help you get ALL the information you need when you call for your work Extended Health Benefits. We have included questions for all of the services we offer in our office. Dr. Cranton is licensed as both a Chiropractor and a Naturopathic Doctor, performs acupuncture, and is certified to cast and order custom orthotics.**

**Do you have Extended Health Benefits through your work or school?** Yes No

Does your spouse, mother or father have Extended Health Benefits though his/her work?

Yes  No (you are done with this form)

### INFORMATION TO RECORD BEFORE YOU CALL:

Your work Insurance Company - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employee: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Group policy #: \_\_\_\_\_

### INFORMATION TO GET WHEN YOU CALL:

Is there a deductible?  Yes - How much? \$ \_\_\_\_\_  No

Is this a family plan?  Yes  No

Is your limit:  per calendar year  per fiscal year \_\_\_\_\_ to \_\_\_\_\_  per 12 consecutive months

### DO YOU HAVE CHIROPRACTIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

What is your limit per visit? \$ \_\_\_\_\_

Do you have x-ray coverage?  Yes  No - Is it included in your maximum?  Yes  No

### DO YOU HAVE NATUROPATHIC COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

Is there a maximum per visit? \$ \_\_\_\_\_

Are there a maximum number of visits?  No  Yes \_\_\_\_\_

Are supplements covered if prescribed by a Naturopath?  No  Yes - maximum \$ \_\_\_\_\_

### DO YOU HAVE ACUPUNCTURE COVERAGE? Yes No

What is your limit per year? \$ \_\_\_\_\_

What is your limit per visit? \$ \_\_\_\_\_

Are there a maximum number of visits?  No  Yes \_\_\_\_\_

### DO YOU HAVE PRIVATE LAB COVERAGE? Yes No

Are private labs covered? (E.g. hair analysis, blood or urine or allergy tests)  No  Yes - maximum \$ \_\_\_\_\_

### OTHER ITEMS TO CHECK ON:

Do they cover orthopedic cervical pillows?  Yes  No

Do you have coverage for COMPRESSION HOSIERY OR STOCKINGS?  Yes  No

What is your limit per year? \$ \_\_\_\_\_

Do you have CUSTOM ORTHOTICS coverage?

What is your limit per year \$ \_\_\_\_\_

How many pairs can you order? \_\_\_\_\_

Do you need a referral  Chiropractor  M.D.  No

Do you get one pair per year or every second year?

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[www.crantonwellness.com](http://www.crantonwellness.com)