

Joseph Breton, ND
45 Somers Road Hampden, MA 01036
Phone: (413) 388-3344

WELCOME!

Name _____ Date of Birth _____ Age _____ Date _____
Address _____ State _____ Zip _____
Home Phone _____ Cell Phone _____ Email _____
Occupation _____ Interests _____

Please take the time to fill out both sides of form to the best of your ability. Thank You.

1. I am here today because:

2. I live with chronic pain. *YES NO*

If yes, on a scale of 1-10 (1=least 10= most) how much? _____

3. I am presently taking herbal medicine and/or natural substances? *YES NO*

If so, please list:

4. I am currently taking medication? *YES NO*

If so, for what condition(s)?

5. Please list any surgical procedures you have had in your lifetime:

6. I have children? *YES NO*

7. I drink and cook with city tap water. *YES NO*

8. I drink milk on regular basis. *YES NO*

9. I exercise on a regular basis *YES NO*

If yes what type?

10. I have done a cleansing diet and/or juice fast in the past. *YES NO*

11. I engage in a spiritual/ religious practice on a daily/weekly basis. *YES NO*

12. The major thing in my life which causes me the most stress is:

13. How Does your condition affect you?

14. What do you feel needs to happen for you to get better?

15. What do you enjoy most in life?

16. How much change are you willing to make at this time for improving your health?

Minimal Some Complete

17. Name three things you can improve upon for a complete recovery?

1.

2.

3.

18. Is there anything else you would like to add about your health at this time?

PATIENT SIGNATURE _____

Thank You!

Natural Health Clinic

Joseph Breton, ND

45 Somers Rd | Hampden, MA 01036

Tel: (413) 388-3344

email: info@drjosephbreton.com

web: DrJosephBreton.com

Informed Consent

No health care is without risks, or is guaranteed to be successful. Naturopathic care is generally more safe than other systems of medicine, but there are potential risks in what we do as well. We ask you to acknowledge your awareness of this by signing below.

By signing below, you acknowledge and understand that:

1. Joseph Breton, N.D. does not recommend that you discontinue any other treatment or care provided by any other health care professional.
2. There is no expressed or implied guarantee of any specific outcome with your treatment provided by Dr. Breton or his staff. The care provided may or may not be a treatment for a specific disease, and may be preventive in nature, designed to improve the overall health and well being.
3. Dr. Breton will always strive to provide full disclosure of all information relevant to a person's care, and to answer all questions a patient may have to the patient's satisfaction. The better one understands, the more fully one can participate in one's own healing. We encourage all questions regarding any aspect of care. Please feel free to ask about any aspect of care, future care, expected outcome, and what to do if any difficulties or possible negative outcomes should arise.
4. Natural healing may occasionally generate a "healing reaction". All new patients receive a paper which discusses this, ("Nature Cure and the Process of Healing"). Generally this will be a flu-like state with fever for a few days, but may be different from that, and may require expert attention and guidance to the next stage of healing.

I have read the above and have the legal authority to consent to treatment on behalf of myself or those in my guardianship.

Print Name: _____

Signed _____

Date ____/____/____

PERSONAL HEALTH COMMITMENT

You deserve a life of good health, wholeness and happiness.

Please write your name, read and sign the following health contract:

"I (PRINT NAME) _____ am committed to work hard at *Transforming My Life*. I deserve to be healthy and happy. I will respect and honor the nourishing needs of my body, my mind and my human spirit. I deserve a life of wholesome abundance to be the best person I can be in order to have the energy and passion to help others while taking care of myself in the best possible way. I will follow to the best of my abilities the recommendations by Dr. Breton which, when consistently practiced, will result in my renewed health and wellness."

Signature _____ Date: _____