



WELCOME TO SANO VIA WELLNESS!

This document is for general wellness / disease prevention, and conditions other than cancer. For cancer patients, please download the [Medicor Cancer](#) document package.

Clinic Overview

Sano Via (Latin for “the path to healing”) is the new wellness division of Medicor Cancer Centres which was founded in 2006. Over the years we have evolved considerably to meet the needs of patients and their families. We are a specialty treatment center providing highly promising scientifically rational therapies that are not readily available elsewhere. With the addition of cutting-edge medical ozone therapy, platelet-rich plasma, and advanced “functional medicine” diagnostic testing in 2018, we have added a focus on **wellness** and **anti-aging** (includes **chronic pain** and **chronic disease** management and **prevention**). See: <https://sanoviawellness.com>

We only provide therapies that have supporting scientific evidence and are legal to use in Canada. There are specific underlying issues that are common to many types of chronic diseases. By finding and correcting these issues we can address a wide range of diseases with a limited set of powerful therapies. Examples of underlying conditions that we deal with are: hidden chronic infections, toxic substances in the body, subtle hormonal imbalance, intestinal permeability (“leaky gut”) and mitochondrial dysfunction. As of August 2022 we are limited to treating patients 13 year of age and older.

Different health care practitioners treat problems in different ways. Our experience indicates the best outcomes often result from a combination of allopathic remedies (medications, surgery etc.) used along with non-traditional or natural therapies. This is known as “**integrative care**”. Our focus is to use a natural approach whenever possible and use an allopathic approach if needed.

How to Become a Sano Via Wellness Patient

This New Patient Package must be completed and submitted to our office before an appointment will be booked. Forms may be submitted by fax / mail / email or in person.

Relevant medical reports (if applicable) should be brought to the consultation appointment: blood test reports, other specific test reports, relevant imaging reports, specialist’s recent consultation note or summary note.

These can be obtained from your family doctor, specialist, naturopathic doctor, nurse practitioner or hospital medical records department. The consultation will be more complete if relevant medical reports are brought along.

Address: 4576 Yonge St, Suite 301, Toronto, M2N 6N4
(Yonge St & Highway 401, north-west corner)

Phone: 416-227-0037

Fax: 416-227-1915

Email - office manager Maggie: mdelaney@sanoviawellness.com

Please arrive 10 minutes before your appointment time in order to find parking, since the office location is very busy.

Limited paid parking is available in the building's parking lot and on the street outside the building. Underground parking is not available. Street parking in the neighbourhood has become very limited due to new No Parking zones, enforced daily. The nearest public parking lot is at Avondale and Yonge St (N-W corner) across from Starbucks. Check Sano Via website for more details: <https://sanoviawellness.com/contact/>

Checklist to Book Consultation Appointment

- Patient Questionnaire (completed and signed)
- General Consent Form (reviewed and signed)
- Email Policy (reviewed, no need to sign)

NON-CANADIAN PATIENTS ONLY:

- Governing Law Agreement (reviewed and signed)

Reports to Bring to Consultation Appointment:

- Relevant blood test reports or special test reports
- Relevant imaging reports e.g. x-ray, ultrasound, CT or MRI (bring disc too if possible)
- Pathology report, if applicable
- Relevant specialist's consultation note or summary note, if applicable

We look forward to seeing you!

Sincerely,

The Sano Via Wellness Team



SANO VIA WELLNESS QUESTIONNAIRE

To complete this form digitally, use Adobe PDF Reader: <https://get.adobe.com/reader/>

PERSONAL INFORMATION	
First Name: _____	Last Name: _____
Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Other _____	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Wid. <input type="checkbox"/> Other _____	
Street: _____	Unit # _____
City: _____	State/Prov: _____ Country: _____
Postal Code: _____	
Home phone: _____	Work Phone: _____
Cell phone: _____	Fax number: _____
5. Email address: _____	
6. Date of birth: (day/month/year) _____	
7. Health card number: _____ VC: _____ Health card province: _____ (for Canadian patients only)	
8. Private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
9. Emergency Contact	
Name: _____	Relationship: _____
Contact numbers: _____	
10. Second language (optional): _____	
11. Religion (optional): _____	

Revised Apr 2020

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

	Disease	√	About when was it diagnosed?
Cardiovascular Disease	High blood pressure	<input type="checkbox"/>	
	Angina	<input type="checkbox"/>	
	Heart attack	<input type="checkbox"/>	
	Heart failure	<input type="checkbox"/>	
	Abnormal heart rhythm	<input type="checkbox"/>	
	Blood clot (DVT)	<input type="checkbox"/>	
	High cholesterol	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Lung Disease	Asthma	<input type="checkbox"/>	
	Bronchitis / pneumonia	<input type="checkbox"/>	
	Emphysema	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Kidney Disease	Stones	<input type="checkbox"/>	
	Infections	<input type="checkbox"/>	
	Kidney failure	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
GI Disease	Stomach / duodenal ulcer	<input type="checkbox"/>	
	Diverticulitis	<input type="checkbox"/>	
	Reflux / heartburn	<input type="checkbox"/>	
	Irregular bowels	<input type="checkbox"/>	
Liver Disease	Hepatitis	<input type="checkbox"/>	
	Jaundice (yellow eyes/skin)	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Neurological Disease	Stroke	<input type="checkbox"/>	
	Seizures	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Endocrine Disease	Diabetes, Type 1	<input type="checkbox"/>	
	Diabetes, Type 2	<input type="checkbox"/>	
	Thyroid disease (specify)	<input type="checkbox"/>	
	Adrenal disease (specify)	<input type="checkbox"/>	
	Testicular / ovarian disease	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	

PAST MEDICAL HISTORY

Do you have (or have you ever had) any of the following? *(check only if yes)*

	Problem	√	When?
Skin Disease	Eczema	<input type="checkbox"/>	
	Hives	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
Dental Procedures	Root canal(s)	<input type="checkbox"/>	
	Filling(s)	<input type="checkbox"/>	
	Implant(s)	<input type="checkbox"/>	
	Root canal(s)	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Traumas	Physical / Injury	<input type="checkbox"/>	
	Psychological	<input type="checkbox"/>	
	Sexual	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Toxin exposure	Pesticides/herbicides	<input type="checkbox"/>	
	Chemicals	<input type="checkbox"/>	
	Metals	<input type="checkbox"/>	
	Other: specify	<input type="checkbox"/>	
Psychological Issues	Depression	<input type="checkbox"/>	
	Anxiety	<input type="checkbox"/>	
	Phobia	<input type="checkbox"/>	
	Stress	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
Sexual Issues	Erectile problem	<input type="checkbox"/>	
	Menstrual problem	<input type="checkbox"/>	
	Infertility	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	
Prostate Disease		<input type="checkbox"/>	
Urinary Disease		<input type="checkbox"/>	
Cancer (specify type):		<input type="checkbox"/>	
Painful scars		<input type="checkbox"/>	
Problems related to computer use		<input type="checkbox"/>	

ALLERGIES / ADVERSE REACTIONS

Have you ever had an **allergy / sensitivity / adverse reaction** to the following?

Category	Yes √	No √	Please list
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	
Foods	<input type="checkbox"/>	<input type="checkbox"/>	
Others (pollen, grass, pets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

FAMILY HISTORY

Please provide the following information regarding blood relatives

Relation	List major illness (e.g. diabetes, cancer, ulcers, blood clots, heart, lung, liver, kidney disease)
Father	
Mother	
Sisters	
Brothers	
Children	<input type="checkbox"/> Not applicable How many boys? _____ How many girls? _____
Other	

ACTIVITY LEVEL

Please indicate your level of activity (check one)	√
Fully active , able to carry on all activities without difficulty.	<input type="checkbox"/> 0
Restricted in strenuous activity but walking and able to carry out light work e.g. office work.	<input type="checkbox"/> 1
Walking and capable of all self-care but unable to carry out work activities. Up and about more than ½ of the day.	<input type="checkbox"/> 2
Limited self-care (washing, changing clothes, going to washroom), confined to bed or chair more than ½ of the day.	<input type="checkbox"/> 3
Completely disabled. Cannot carry on any self-care (washing, changing clothes, going to washroom). Totally confined to bed or chair.	<input type="checkbox"/> 4

FUNCTIONAL INQUIRY

Height: ____ ft ____ in **or** _____ cm Body weight: _____ pounds kg

Weight	decreasing <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> normal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 increasing
Appetite	decreased <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> normal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 increased
Sleep	decreased <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> normal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 increased
Mood	depressed <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> normal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 elevated
Energy level	decreased <input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> normal	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 increased

Do you have any of the following: Check a box (0=none, 10=worst)

Fever	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Headache	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Facial swelling	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Reduced vision	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Reduced hearing	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Swallowing problems	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Nausea	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Vomiting	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Constipation	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Diarrhea	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Cough	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Shortness of breath	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Palpitations (feeling of abnormal heartbeat)	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Leg swelling	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Memory / concentration problems	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Skin rash	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Bleeding problems / bruising	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Urination problems	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Sexual problems	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Other: _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Other: _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Other: _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10
Other: _____	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10

FUNCTIONAL INQUIRY - PAIN

Draw areas of pain on the body diagram.

Pain #1:

Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb

Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10

Constant or intermittent?

What makes the pain worse? _____ better? _____

Pain #2:

Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb

Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10

Constant or intermittent?

What makes the pain worse? _____ better? _____

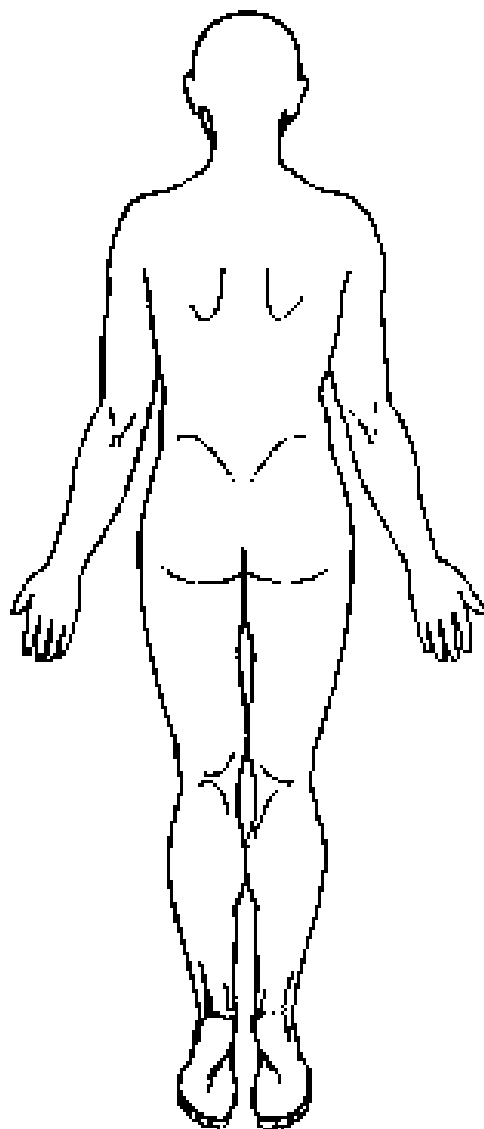
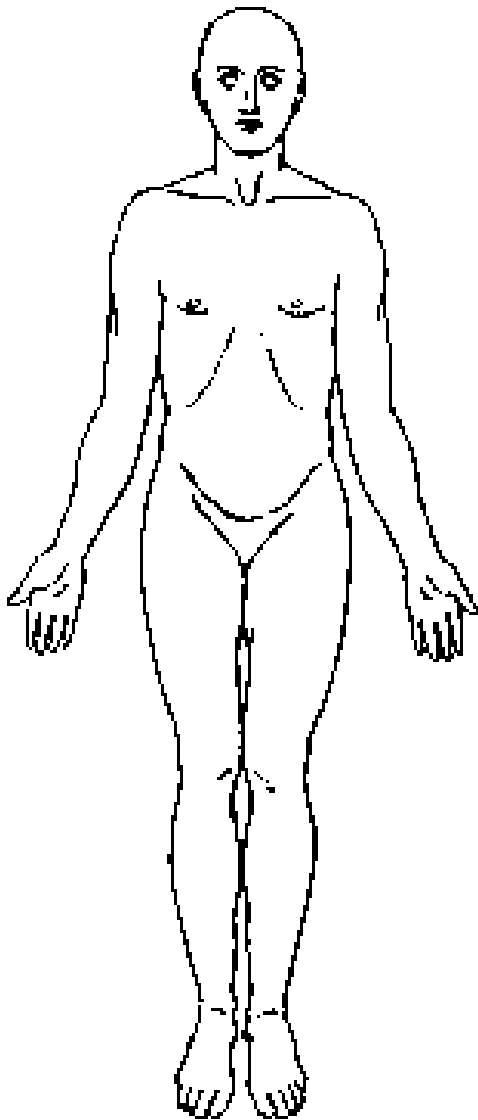
Pain #3:

Dull / Sharp / Aching / Burning / Stabbing / Cramping / Throbbing / Tingling / Sensitive / Numb

Intensity of pain (0 = no pain, 10=worst pain ever) 0 1 2 3 4 5 6 7 8 9 10

Constant or intermittent?

What makes the pain worse? _____ better? _____



MISCELLANEOUSDo you think you may be pregnant? Not applicable Yes NoAre you interested in testing your vitamin D level? Y NAre you interested in advanced testing for "leaky gut"? Y NAre you interested in advanced testing for heavy metals toxicity? Y NAre you interested in advanced testing for adrenal / sex hormone balance? Y NAre you interested in advanced testing for glyphosate (RoundUp) toxicity? Y N**HEALTH CARE INFORMATION**

Please provide the following information about your health care providers:

Specialty	Name	Phone Number
Family doctor		
Specialist		
Naturopathic doctor		
Chiropractor		
Nurse Practitioner		
Other		

Would you like any of your doctors informed about your treatment with us?

Name: _____

Fax: _____ Email: _____

PRIVACY

As per Sano Via Privacy Policy, we do not give confidential personal information over the phone. If such a request is made, we may require correct answers to some questions before giving out any information. This is only for your protection. In order to do this, please provide answers to the following questions:

a. Place of birth _____

b. Favourite colour _____

How did you find out about Sano Via Wellness?

*Thank you for providing this information. Please sign and date below.***Signature:** _____**Date:** _____



Telemedicine / Email Policy

At Sano Via we offer limited telemedicine and email communications to our patients. Communicating information by email can be very convenient, but it creates some issues which you should be aware of:

- The privacy and security of email communication cannot be guaranteed.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of Sano Via or the patient.
- Email senders may accidentally misaddress an email, resulting in it being sent to unintended and unknown recipients.
- Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Emails can introduce viruses into a computer system, and potentially disrupt the computer (Sano Via uses anti-virus software on all computers).

Sano Via will use reasonable means to protect the security and confidentiality of email information sent and received. Due to the issues outlined above, Sano Via requests that you understand the following:

- Emails to or from you form part of your medical record and may be printed or saved electronically by Sano Via. Other individuals authorized to access the medical record will have access to those emails.
- Emails may be forwarded internally if necessary to those involved in diagnosis, treatment, reimbursement or health care operations. Sano Via will not forward emails to independent third parties without your written consent, except as authorized or required by law.
- Sano Via will try to read and respond to emails, but we cannot guarantee that any particular email will be read and responded to within any particular period of time. **For this reason, you should not use email for any time-sensitive matters.**
- Email communication is not a substitute for clinical examination. You are responsible for following up and for scheduling appointments with the Sano Via medical team or your other doctor(s) when it is appropriate.
- If your email requests or requires a response from Sano Via and you have not received a response within a reasonable time period, it is your responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- You should not use email for communication regarding sensitive medical information, such as sexually transmitted disease, mental health, or substance abuse. Similarly,

Sano Via will not generally discuss such matters by email (there may be rare exceptions).

- You are responsible for informing Sano Via of any types of information you do not want to be sent by email.
- Sano Via is not responsible for information loss due to technical failures.
- Emails will be encrypted during transmission using SSL.

Instructions for Communication by Email

To communicate by email, please do the following:

- Limit or avoid using an employer's computer.
- Inform Sano Via of any changes in your email address.
- Include in the email:
 - 1) patient name
 - 2) a description in the email's subject line (e.g., "prescription renewal")
- Review the email to make sure it is clear and that all needed information is provided before sending to Sano Via.
- Take precautions to preserve the confidentiality of emails.

Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should not rely on email. Rather, you should:

- call Sano Via for advice, or
- call your family doctor or specialist for advice, or
- go to the nearest hospital Emergency Department, or
- take other appropriate action

Telemedicine and Email Fees

The email and telemedicine services at Sano Via are not covered by Government Health insurance in Canada. Individual services are available to all patients and are generally billed according to time spent by your Sano Via medical practitioner.



Required for all new patients

CONSENT AND DIRECTION FOR INTEGRATIVE MEDICAL CARE

I hereby confirm that I have elected to receive “**Integrative Care**” at Sano Via Wellness (“Sano Via”) which consists of advanced tests and treatment / prevention strategies that blend **allopathic medicine** (“conventional” medicine) with **naturopathic medicine**. My care may involve one or the other or a combination of the two, according to my request and the recommendations of my healthcare team.

Allopathic medicine involves diagnosing diseases and treating the diseases and / or the symptoms of the diseases (mainly) with surgical procedures or synthetic drugs.

Naturopathic medicine involves the treatment and prevention of diseases by natural means. Naturopathic doctors use gentle, non-invasive techniques to stimulate the body’s own healing capacity. Several the following approaches may be used for treatment or prevention:

Diet 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/or disease.

Homeopathy is a form of medicine that uses a tiny dose of the same substance which causes adverse symptoms in healthy people. These minute doses of natural chemicals are used to stimulate the body’s ability to heal itself.

Asian medicine includes the use of acupuncture, Eastern herbs, and dietary changes to eliminate disease and balance body functions. Acupuncture refers to the insertion of sterilized disposable needles through the skin at specific points on the body. Eastern herbs may be given in the form of pills, tinctures, or strong teas to be taken internally or used externally as a wash. Dietary advice is based on traditional Chinese medical theory.

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

I understand that Sano Via provides integrative care based on scientific research, but the tests, treatments and prevention strategies used at Sano Via are considered to have only preliminary scientific evidence of effectiveness. I understand that the College of Physicians and Surgeons of Ontario (CPSO) and College of Nurses of Ontario consider these tests, treatments and prevention strategies to be unproven and not within the usual practice of medicine in this province. I understand that the CPSO expects my conventional medical doctors to respect my treatment choices, and failure to respect my choices is viewed as unprofessional behaviour.

Potential Benefits

I understand that:

- Sano Via's integrative care may improve my condition (e.g. slowing or stabilization or reversal of disease processes, improvement of quality of life)
- Sano Via's integrative care may enhance the effects of other treatments if taken according to the instructions given to me by my practitioners
- Sano Via's integrative care may reduce the need for potentially harmful treatments
- The exact likelihood of the benefits of integrative care is not known, but there is a reasonable chance of benefit with relatively low risk
- The comparison of integrative care against conventional medical care is unknown (this is generally the case because studies comparing the two are not available)
- It is typically expected to take at least 2 - 3 months before we can tell if integrative care is effective
- Sano Via may collect information from my care to help doctors and patients learn more about my condition, and that this information may be used to help future patients (my privacy will always be maintained in this process)

Potential Risks

I understand that:

- Patients may rarely experience an allergic reaction to medication, supplements or herbs
- There could be minor pain, bruising, fainting or injury from taking blood tests or from acupuncture or injections or infusions
- My therapy may cause side effects and I will be watched carefully for any side effects
- As with conventional therapies, not all the side effects that may happen are known
- As with conventional therapies, side effects may be mild or serious
- I may be given medicines to lessen side effects
- Integrative treatments may interact with other medications I am taking, and my health care team will advise me of potential interactions
- Integrative treatments may interfere with other therapies if I do not follow the instructions given to me by my health care team

- Unknown Side Effects

I understand that:

- integrative care may cause side effects which are unknown, and unpredictable
- integrative care may not be effective, but is unlikely to worsen my condition

Monitoring for Side Effects

I understand that:

- while receiving integrative care I will be monitored to ensure safety, and for effectiveness
- the exact monitoring will depend on the nature of my condition, my age, my underlying medical problems, my concurrent medications and other factors
- in most cases, a detailed assessment and tests will be done at the start of treatment, and ongoing assessment will be performed on a regular basis

Follow-Up

I understand that while receiving integrative care I will be monitored to ensure safety, and for effectiveness. For telemedicine patients or patients who cannot attend in person regularly at the office: I confirm that I have a local doctor who will be the primary doctor monitoring my care and treatment according to the plan I receive from Sano Via.

Costs

I understand that I am responsible for the cost of integrative treatment since the medicines prescribed and the services of naturopathic doctors are not funded by Government Health Insurance and may only be partially funded by Private Medical Insurance. I will also be responsible for the costs of any tests that may be necessary but are not covered under Government Health Insurance or Private Medical Insurance. I have a right to know any costs of tests and treatments in advance. All rates are subject to change from time to time and the current rate will be available on request from the office manager.

I understand that my practitioner's time (e.g. naturopathic doctor or nurse practitioner) is charged per 15 minutes (+ sales tax for non-medical services like forms completion). This includes in-person visits, telephone advice and email advice. The current rate is available from the office manager.

Telemedicine / Email

I have read and understand the **Sano Via Telemedicine / Email Policy**. I understand the risks associated with telemedicine and email communication, and I consent to the conditions outlined in the policy.

_____ **Initial**

Treatment is Voluntary

My decision to undergo treatment at Sano Via is entirely voluntary. I understand that:

- I may discontinue treatment at any time
- Treatment may be stopped if the health care staff determine that it is in my best interests
- The results of integrative treatments are not guaranteed. No guarantee or assurance has been made by anyone from Sano Via
- The Sano Via office and building are monitored by CCTV cameras for security reasons, but my privacy will be maintained according to current regulations.

Not Collecting Information for Regulatory Bodies

I confirm that I am seeking medical advice / medical care at Sano Via solely concerning my own health or that of a family member or friend. My dealings with Sano Via are not for the purpose of collecting information for, or providing information to a regulatory, enforcement or investigative agency of any kind. If I make a false declaration regarding any of the above, I waive all protection afforded under the Regulated Health Professions Act Section 36(3), and I understand I may be prosecuted for committing fraud.

_____ **Initial**

Dr. Khan's Current Role

I understand that Sano Via Medical Director Dr. Akbar Khan does not have a medical license and is currently working in the capacity of research, oversight of medical staff, oversight of patient care and quality assurance. Sano Via Naturopathic Doctor (ND) and Nurse Practitioner (NP) are prescribing the powerful prevention and treatment protocols that Dr. Khan has developed and fine-tuned over the last 17 years.

Consent to Integrative Care

I have been given the opportunity to read this form and ask questions of Sano Via staff. Any questions have been answered to my satisfaction. I voluntarily consent to integrative care, and I accept the risks associated with it.

Patient's Signature
(or legal substitute)

Printed Name

Date