

Dr. Walter Lemmo, ND
Lemmo Integrated Cancer Care Inc.

Suite #205
3900 Hastings Street
Burnaby, BC V5C 6C1
Canada

Tel +1 (604) 428-1991
Fax +1 (604) 428-1992
<http://www.lemmo.com/>
info@lemmo.com



General Information

NAME	TODAY'S DATE (MM/DD/YY)
HEALTH CARE NUMBER	REFERRED BY
BIRTH DATE (MM/DD/YY)	AGE

Contact Details

STREET	CITY	POSTAL CODE
TELEPHONE (HOME/BUSINESS/MOBILE)		
EMAIL ADDRESS		
WOULD YOU LIKE TO RECEIVE DR. LEMMO'S ONLINE NEWSLETTER VIA EMAIL? (PLEASE CIRCLE)		
		YES NO

Emergency Contact

NAME	RELATIONSHIP TO YOU
TELEPHONE (HOME/BUSINESS/MOBILE)	

Lifestyle

OCCUPATION(S)	YEAR(S)	HOURS PER WEEK		
EDUCATION (LAST GRADE OR DEGREE COMPLETED)				
STATUS (PLEASE CIRCLE)	SINGLE	MARRIED	COMMON LAW	OTHER
NUMBER OF CHILDREN	NUMBER OF SIBLINGS			

Enrollment

REASON FOR VISIT
WHAT DO YOU EXPECT FROM THIS VISIT?

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Medical History

SURGERIES (PLEASE INCLUDE APPENDIX, WISDOM TOOTH EXTRACTIONS, ETC.)

ACCIDENTS (MOTOR VEHICLE, TRAUMA, ETC.)

MEDICATIONS (LAST 24 MONTHS, INCLUDING ANTIHISTAMINES, ASPIRIN, TYLENOL, BCPS, ANTIBIOTICS, ZANTAC/TAGAMET)

SUPPLEMENTS (VITAMINS & MINERALS, HERBAL, HOMEOPATHICS, ETC.)

Family History

PLEASE SPECIFY TYPE AND RELATION OF FAMILY MEMBER TO YOU

CANCER

OBESITY

HEART DISEASE

ALCOHOLISM

DIABETES

MENTAL ILLNESS

ALLERGIES

DEPRESSION

STOMACH OR INTESTINAL COMPLAINTS

SEIZURES

Medical Checkup History

FAMILY DOCTOR (NAME)

(PHONE NUMBER)

YOUR LAST GENERAL CHECKUP (MM/DD/YY)

DENTAL CHECKUP (MM/DD/YY)

EYE CHECKUP (MM/DD/YY)

HAVE YOU SEEN A NATUROPATHIC DOCTOR BEFORE? (PLEASE CIRCLE)

YES NO

IF YES, WHO?

Cancer History (if applicable)

ARE YOU UNDER THE CARE OF AN ONCOLOGIST? (PLEASE CIRCLE)

YES NO

HAVE YOU EVER RECEIVED TREATMENT FOR CANCER? (PLEASE CIRCLE)

YES NO

ARE YOU CURRENTLY RECEIVING TREATMENT? (I.E. CHEMOTHERAPY OR RADIATION) (PLEASE CIRCLE)

YES NO

IF NOT, WHEN WAS YOUR LAST TREATMENT? (MM/DD/YY)

Additional Medical Information

SERIOUS INFECTIONS (I.E. TB, MONO, PNEUMONIA, CHRONIC BRONCHITIS, ETC.)

ALLERGIES

HAVE YOU HAD LONG VISITS OR LIVED IN A FOREIGN COUNTRY? (PLEASE CIRCLE)

YES NO

IF YES, WHICH COUNTRY, AND HOW LONG AGO?

DO YOU USE... (PLEASE CIRCLE)

CIGARETTES?

COFFEE?

ALCOHOL?

RECREATIONAL DRUG(S)?

HOW DO YOU FEEL AFTER DRINKING COFFEE? (PLEASE CIRCLE)

NO EFFECT

RACING HEARTBEAT

HANDS SHAKE

LIGHT-HEADED FEELING

Additional Medical Information (continued)

TIME YOU RETIRE (SLEEP)

TIME YOU WAKE-UP

DO YOU HAVE PROBLEMS... (PLEASE CIRCLE)

GETTING TO SLEEP? YES NO

STAYING ASLEEP? YES NO

DO YOU REMEMBER NIGHTLY DREAMS? (PLEASE CIRCLE)

YES NO

YOUR BLOOD TYPE

EXERCISE (HOURS PER WEEK) (PLEASE CIRCLE)

1

2

3

> 3 HOURS PER WEEK

WEIGHT: HAVE YOU EXPERIENCED CHANGES IN WEIGHT (INCREASE/DECREASE) DURING THE PAST 6 MONTHS?

(PLEASE CIRCLE) YES NO

IF YES, BY ABOUT HOW MUCH?

HOW IS YOUR APPETITE?

HAVE YOU EXPERIENCED ANY RECENT NAUSEA OR VOMITING?

YES NO

DO YOU SUFFER FROM PAIN? (PLEASE CIRCLE)

YES NO

IF YES, PLEASE BRIEFLY DESCRIBE

HAVE YOU HAD ANY FEVERS OF NIGHT SWEATS DURING THE PAST WEEK? (PLEASE CIRCLE)

YES NO

HOW DO YOUR BOWELS CURRENTLY WORK? (PLEASE CIRCLE)

REGULAR

DIARRHEA PRONE

CONSTIPATION PRONE

BOTH

OTHER (PLEASE SPECIFY)

DOES GOING TO THE BATHROOM INTERFERE WITH YOUR SLEEP? (PLEASE ELABORATE)

ARE YOU CURRENTLY TAKING ANY PAIN KILLERS (PLEASE ELABORATE)

HOW MUCH WATER DO YOU DRINK PER DAY? (PLEASE ELABORATE)

How would you generally rate the occurrence of colds and flus that you have received throughout the years? Please circle all that applies to you. If you have been diagnosed with cancer, please rate the occurrence before your diagnosis.

ALMOST NEVER

IT'S HARD FOR ME TO GET IT

THE TYPICAL 1-2 PER YEAR

LESS THAN 6 PER YEAR

MORE THAN 6 PER YEAR

ALWAYS SICK

OTHER (PLEASE EXPLAIN HERE)

How often do you receive the flu shot? Please circle all that applies to you.

NEVER

RARELY

OFTEN

ALMOST EVERY YEAR

(PLEASE ELABORATE)

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An important note about Dr. Lemmo's practice

Dr. Walter Lemmo is a naturopathic physician with a long-standing practice focused in cancer care. In light of this, members of the standard oncology community (i.e. medical/radiation oncologist, haematologist, pharmacist, oncology nurse, oncology professional, etc.) may regard Dr. Lemmo's approach or recommendations as more experimental or controversial.

There are many conflicting opinions and bodies of information available in print and online to navigate through and it is not the intention to place a patient in the middle of any debate especially when going through cancer treatment(s). Ultimately, it is the patient's choice to decide on which direction or approach they would like to incorporate into their cancer care program.

Dr. Lemmo advises that a patient trust their personal intuition and to follow a recommended path that possess the greatest comfort and the least amount of fear and stress in their cancer care journey whenever possible.

Please note that Dr. Lemmo is available to any healthcare professional or any part of a patient's oncology team (i.e. oncologist, haematologist, nurse, pharmacist, GP, etc.) at any time, if there is an area of concern, question or harm. If such a situation arises, it is strongly urged that a telephone call be made to the office immediately and to please not use any email or letter sent by the mail system.

By signing the below, you have read and understand this letter.

PATIENT'S FULL NAME

SIGNATURE

DATE SIGNED (MM/DD/YY)

Updated February 2013

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Financial Policy

Updated March 2016

Dr. Walter Lemmo, ND is a licensed naturopathic physician registered with the College of Naturopathic Physicians of British Columbia. He provides his services through Lemmo Integrated Cancer Care Inc., a legal entity incorporated in the Province of British Columbia.

Consultations

First consultation (about 60 minutes):	\$ 350
Follow-up consultations (about 30 to 60 minutes):	\$ 225 per consultation
Brief consultations:	\$150 per consultation

Extended Health Plans

Extended health insurance, where applicable, may cover all or a portion for the fees. At the end of each visit, you will be given a sales receipt to submit to your extended health insurance carrier. Most extended health insurance plans offered by large corporations will have some coverage for naturopathic services. Please check with your particular carrier for its policies on coverage.

Other Costs

All **tests, treatments** and **remedies** are **not** covered by MSP (costs will vary). A **24-hour notice** is required for cancellations or you will be billed \$30.00 for each missed visit. **NSF Cheques** are charged at \$50.00 as a processing fee charged for each NSF cheque. The clinic reserves the right to change fees at any time. Please contact the clinic directly by phone or email to receive the latest information.

Research

There may be noteworthy findings, treatment results or outcomes that occur under the supervision of Dr. Lemmo, which could benefit future patients and the scientific research community if they are made aware. By being a patient of Dr. Lemmo, you are asked to provide consent for Dr. Lemmo to potentially use certain aspects of your medical data for scientific research and the potential publication of such research. **In any event, your personal information, such as your name, address, and telephone number, would be kept strictly confidential as part of standard medical research guidelines.**

By signing the bottom of this policy, you are indicating that you have read and understood the above statements and agree to pay upon receiving the products and services as outlined.

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MSP Billing No. 30179

RECORDS RELEASE FORM

TO (PHYSICIAN OR MEDICAL CENTRE)

Could you please release the records of patient (print name) _____ to the above address or fax number of Dr. Lemmo.

Patient Information

FULL NAME

DATE OF BIRTH (MM/DD/YY)

PERSONAL HEALTH NUMBER (PHN)

Request

COMPLETE RECORDS	YES	NO	
RECENT RECORDS	YES	NO	DURING THE LAST (PLEASE CIRCLE) 1, 2, 3, 4, 5, 6 MONTHS
WBC/ICBC REPORTS	YES	NO	
X-RAY/ULTRASOUND	YES	NO	
MRI/CT-SCAN/PET-SCAN	YES	NO	
LABORATORY	YES	NO	
OTHER	YES	NO	PLEASE SPECIFY

Notes

PATIENT SIGNATURE

PHYSICIAN SIGNATURE

DATE SIGNED (MM/DD/YY)

DATE SIGNED (MM/DD/YY)
