



TORONTO IMMUNE & DIGESTIVE HEALTH  
INSTITUTE

Dear Patients – PLEASE READ THIS IMPORTANT INFORMATION

January 2021

In addition to a clinical practice and research program in digestive diseases at Mount Sinai Hospital and the University of Toronto I have opened the Toronto Immune and Digestive Health Institute (TIDHI) to further assist patients with digestive health and chronic immune diseases such as inflammatory bowel disease (IBD).

Numerous programs and services are available at TIDHI that have been set up to make your care more effective and efficient. These services include: care from a team of expert gastroenterologists, psychologists and mental health professionals, nutritionists and dietitians; access to nurses/physician assistants; on site blood tests, vaccine administration and TB tests; infusion/injection treatment centre and for patients for whom approved treatments are ineffective, rapid access to promising new treatments through clinical trials.

Some of these services require payments that are not covered by OHIP and many of these services generate revenue to pay our expenses and overhead at TIDHI. TIDHI is also paid to perform clinical trials although there is no cost to patients to participate in such trials. Dr. Mark Silverberg, Founder of TIDHI, is the sole owner of TIDHI and may benefit from these revenues.

Please be aware that any private pay services available at TIDHI are completely optional. Although you may be offered these services if TIDHI staff believe they may be of benefit to your care, you are not required to accept these services and if you choose not to it will in no way affect your medical care at TIDHI. You are also under no obligation to receive any services at TIDHI, including recommended services covered by OHIP such as endoscopic procedures, and you are welcome to pursue any of these services at a location of your choice or through outside providers. Please inquire with our staff if you have any questions or require clarification or would like a referral for services to be carried out in another location.

Mark S. Silverberg, MD PhD FRCPC, Director and Founder of TIDHI

I acknowledge that I have read and understand this document on (Date): \_\_\_\_\_

Name (PRINT): \_\_\_\_\_

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



## TORONTO IMMUNE & DIGESTIVE HEALTH INSTITUTE

### **Consent for Nutritional Counselling**

I hereby request and consent to Sara Rawda providing Nutrition Counselling to myself or the client for which I am legally responsible. I understand that the consult will provide information and guidance about my diet, nutrition, and lifestyle.

I understand that Sara Rawda is a Certified Nutritional Practitioner and she does not dispense medical advice, nor will she diagnose or treat any medical condition. Methods of nutritional evaluation or testing made available to me are not intended to diagnose disease. Rather, these assessments are intended as a guide to enhancing my nutritional health and supporting the achievement of my nutrition goals.

### **Confidentiality and Consent for Web-Based Counselling**

Medical records and personal information and history divulged in session to Sara Rawda will be kept confidential and only shared with the medical professionals at the Toronto Immune and Digestive Health Institute (TIDHI). Further, if I would like nutritional advice provided through web-supported platforms, I understand and accept that Internet associated activities are inherently at risk for a breach of personal information. I understand that if I schedule a web-based session that this implies consent and understanding of these risks.

### **Consent for Personal Information:**

I accept that it will be necessary for Sara Rawda to collect personal, health and lifestyle information, e.g. home telephone, address, gender identity, way of eating, etc.

### **Use, Disclosure, and Retention of Information**

I understand that only information relevant to the provision of nutritional therapy services will be collected and that this information will be retained in my client health record for ten years following the last date of service (or ten years following my eighteenth birthday, whichever is longer). I give permission for this information to be shared with my primary care physician, if needed.

I understand that I may review the information in my file for accuracy and currency. If I disagree with the information, I accept that either a correction will be made or my disagreement will also be noted.

I understand that I may review the Privacy Policy of Sara Rawda so I can fully understand how it applies to me. I know that at any time I may ask questions about the Privacy Policy, and have them answered to my satisfaction.

I understand that I may review the information in my file for accuracy and currency. If I disagree with the information, I accept that either a correction will be made or my disagreement will also be noted.

Further, I understand that I may withdraw consent for any or all of the above at any time and that I should do so in writing.

All data collected and reported during the sessions will be retained by the TIDHI clinic for a minimum of 10 years.

### **Consent for Cost of Services**

#### *Individual Sessions*

Individual Consultation \$160.00/hour + tax. I understand and consent that the full payment will be made prior to the time of the appointment.

Individual Follow-Up \$80.00/ half hour + tax. I understand and consent that the full payment will be made prior to the time of the appointment.

### **Insurance Reimbursement**

The services of a Certified Nutritional Practitioner are not covered by Ontario Health Insurance Plan (OHIP). Some private insurance carriers do cover some of the cost. Check your private insurance carrier for details. We do not do direct billing, we can provide you with a receipt with details of your visit; however it is your responsibility for submitting costs to your insurance company. We will provide individual receipts after each session for you to submit to your insurance provider.

### **Refund Policy:**

We offer 100% refund if you cancel more than 48 hours before your appointment for the service/package. See Clinic Policy for details.

Fees are due at or before each visit and with each service, depending on the package/payment plan chosen. All service fees are **non-refundable** after service is rendered (regardless of the time spent).

### **We do NOT issue a refund under these conditions:**

- ◆ After you have completed your appointment and the services are rendered
- ◆ If you cancel or reschedule within less than 48 hours of your appointment

**It is your responsibility to book and keep your appointments. All no shows will be regarded as a completed visit!**

I declare that the information provided is true and accurate at the time of signing and that I have understood and agreed to the above.

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Name

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Date

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Signature

# Toronto Immune and Digestive Health Institute Nutritionist Intake Form

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## Personal Information

First name

Last name

Street

Unit

City

State/Province

Postal code

Home phone

Mobile phone

Email address

Date of birth

Occupation

Hours per week

Referred by

**What is your height in cm?**

example: 5'8 in = 173cm

**What is your gender?**

examples: male, female, cisgender man, cisgender women, transgender man, transgender women, non-binary..

**What is your weight in kg?**

example: 133lbs = 60kg

List your current health/nutrition concerns in order of importance

Health Concerns	

## Family History

Paternal Family Illnesses

Paternal Family Member	Illness

Maternal Family Illnesses

Maternal Family Member	Illness

## Personal Health History

Medical Diagnosis

Diagnosis	Current	Past	Date of Onset
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Past Hospitalizations/Surgeries**

Hospitalization/Surgery	Date	Reason

**Supplements**

List all supplements you're currently taking including vitamins, herbs, minerals.

Supplement	Dose	Frequency	Start Date	Reason

**Medications**

List all medications you're currently taking.

Medication	Dose	Frequency	Start Date	Reason

**Do you experience digestive difficulties?**  
(i.e. bloating constipation, gas, constipation)

**How often do you have a bowel movement?**

Do you strain to have a bowel movement?  Yes  No

Are your bowels loose?  Yes  No

**List any food or environmental allergies you experience**

Food/Environmental Allergies	Reaction

## Diet

Are you following any specific diets? (i.e. intermittent fasting, Mediterranean, keto, vegetarian, vegan, etc)

How much water do you drink daily?

Are there any foods you avoid?

Do you experience any symptoms after meals?

Do you consume coffee?  Yes  No

Do you consume tea?  Yes  No

Do you consume alcohol?  Yes  No



## Lifestyle

Are you currently working or in school? What's your schedule like?

Do you have trouble falling asleep? Staying asleep? You wake frequently during the night?

How many hours do you sleep a night?

How often do you exercise?

What types of exercise do you do?

Do you smoke cigarettes? If so, how many cigarettes do you smoke per day?

Do you smoke or consume marijuana?

Other names of marijuana include: weed, pot, grass, hash, herb,

Do you or have you used any other recreational drugs?

Yes

No

What do you do to have fun?

Describe your relationship with food

**What is your level of commitment to improving your health?**

- 1    2    3    4    5    6    7    8    9    10

*1 = Lowest, 10 = Highest*

**Anything Else You Would Like Me To Know?**