



NEW CLIENT INTAKE FORM

Name: _____ DOB: ___/___/___ Current Age: _____

Height: _____ Weight: _____ Occupation: _____ Marital Status: _____

Address: _____

Home Phone: _____ Ok to leave message? Yes ___ No ___

Work Phone: _____ Ok to leave message? Yes ___ No ___

Cell Phone: _____ Ok to leave message? Yes ___ No ___

Email: _____ Ok to leave message? Yes ___ No ___

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Name of who referred you: _____

HEALTH INFORMATION - Confidential

1) State your current health concerns/symptoms/doctor diagnosis of any health problems:

_____ Duration _____

_____ Duration _____

_____ Duration _____

2) Please prioritize your health concerns if there are more than one:

1. _____ 2. _____

3. _____ 4. _____

3) Please list any diseases or health problems that you or your family have a history of:

History of: _____ Relative: _____ History of: _____ Relative: _____

History of: _____ Relative: _____ History of: _____ Relative: _____

4) Please list any major illness or surgeries you have experienced:

5) Are you currently under any emotional or physical stress? If so, please list:

6) Do you smoke? If , yes, how many per day? _____

7) Do you drink alcoholic beverages? If, yes, how many per day? _____

8) Have you been to a Doctor of Naturopathy before? If so, what was the outcome? _____

9) Do you exercise, if so, what activity and how often? _____

10) Your major goal for the first visit. Please tell me what you would like to accomplish today. _____

11) Please list any medications you are taking and indicate what they are for:

Medication Name: Used For: Duration of use:

1. _____

2. _____

3. _____

4. _____

12) Please list any herbal or vitamin supplements you are currently taking or attach a list.

13) Allergies: Please list all food, environmental, and/or drug allergies: _____

14) Women that are pregnant or nursing, please check here. Pregnant ___ Nursing ___

15) Do you have any sexually transmitted disease? NO ___ YES ___ If Yes, please state: _____