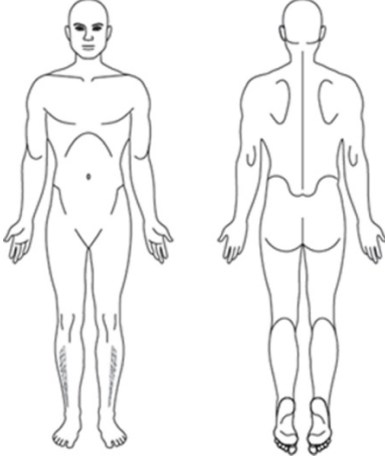


ADULT NATUROPATHIC INTAKE FORM

| | | | |
|------------------------------------|--------------|--------------------|--|
| Full Name: | | Date of birth: | |
| Home Phone Number: | | Cell Phone Number: | |
| Address: | | | |
| City: | Postal Code: | Province: | |
| Email Address: | | | |
| Name of Emergency Contact: | | Number: | |
| How did you hear about the clinic: | | | |

Health Goals

| Please list the most important health concerns and goals in their order of significance | Indicate the painful or distressed area if applicable |
|---|--|
| 1. |  |
| 2. | |
| 3. | |
| 4. | |
| 5. | |

Medical History

Please indicate any serious conditions, illness or injuries, or (hospitalizations, along with approximate date.

Do you have any allergies? (Medicine, environmental etc...)

Please list all current medications and natural health products (prescription, over the counter, vitamins, herbs, homeopathics etc...)

Full Name: _____

Personal and Family History

Please indicate all who the condition applies to: “Self” if it relates to you and/or Father (F), Mother (M), Sibling (S), Grandparent (G), your child (C).

Please indicate **Past** if the condition is resolved, and **Current** if it’s on-going.

| | Relation | Past or Current |
|-----------------------|----------|-----------------|
| Addiction | | |
| Allergies | | |
| Anemia | | |
| Arthritis | | |
| Asthma | | |
| Cancer | | |
| Diabetes | | |
| Eczema | | |
| Epilepsy | | |
| Depression or anxiety | | |
| High Blood pressure | | |
| Heart disease | | |
| Hepatitis | | |
| Headaches | | |
| Kidney disease | | |
| Stroke | | |
| Tuberculosis | | |
| Osteoporosis | | |
| Other: | | |

Diet

Do you have any food allergies, intolerances or restrictions?

Environment

Occupation _____

Hobbies _____

Do you smoke? Y____ N____

Are you exposed to second hand smoke? Y____ N____

Do you exercise regularly? Y____ N____

Is there anything you feel that’s important and has not been covered?

Do you consent to a professional & complete naturopathic examination?

Signature _____

Date _____