

INTAKE FORM

Date _____ Name _____ Age _____

Address _____

Phone # _____ Cell _____ email _____

Occupation _____ Share Home with _____

Primary health Care Provider(s) _____ Phone _____

Health History

Information is confidential. Please bring medications and supplements and any records you want to share with you.

Health concern _____ Duration _____ Desired change _____

Health concern _____ Duration _____ Desired change _____

Allergies (any) _____ Weight _____

Medications _____

OTC Products / Supplements _____

Hospitalizations / date _____ Transfusions _____ Surgeries /dates _____

Women: Menstrual cycle onset ___ yrs Cycles every ___ days irregular ___ Duration ___ days flow ___ L M H,
cycle issues _____

Number of pregnancies _____ Deliveries _____ Related concerns _____

Please check any past/present illnesses/symptoms:

anemia ___ arthritis ___ anxiety/depression ___ asthma ___ attention disorder ___ bleeding disorder ___ pneumonia ___ cancer ___
celiac ___ constipation ___ chronic fatigue ___ chronic pain ___ diarrhea ___ diabetes ___ eczema ___ GE reflux ___
hearing impaired ___ high blood pressure ___ heart disease ___ headaches ___ high cholesterol ___ immune disorder ___
inflammatory bowel disease ___ insomnia ___ kidney disease ___ learning disorder ___ liver disease ___ seizures ___
sinus infections ___ thyroid disease ___ stroke ___ ulcer ___ vision impaired ___

Family History

Refer to previous list as guide. Alive/well (A/W) Deceased (D) unknown (U) and enter major illnesses

Mother _____ Father _____ Siblings # _____

PGM _____ PGF _____ MGM _____ MGF _____

Children # _____

Constitution

(Please note general tendencies and major shifts)

Favorite season (s) _____ Reason _____

Tend to be Warm _____ Cool _____ Neutral _____ Variation _____

Tend to be Dry _____ Moist _____ Variation _____

Like taste(s) Sweet _____ Sour _____ Salty _____ Bitter _____ Pungent _____ Astringent _____

Number 1, 2, 3 characteristics that best describe you overall. (we are a mix)

___ Thin, nervous energy, dry, variable or irregular habits, cold natured, restless and active, may tire quickly, may sleep well, lightly or rouse easily, sensitive.

___ Medium build, physically balanced, freckles, may have rashes, warm natured, good appetite, regular meals, regularity, competitive, likes to exercise, sleeps well, concise, intense

___ Broad frame, rounded, coordinated, gains weight easily, cool natured, moist, oily, moderate appetite, friendly, regular or slow speech and action, sleeps heavily, calm and steady, emotional

Typical response to stress _____

Stress reducing measures _____

Interests/hobbies _____

Nutrition / Elimination

Please be concise and include average amount. (ie: 3 oz, 1/2 cup, slices etc.) Unusual choices= 1 x weekly or less.

Breakfast: Frequency _____ days/wk _____ time(s) of day Beverages _____

Typical choices

Unusual choices /how often

Lunch: Frequency _____ days /wk _____ time(s) of day Beverages _____

Typical choices

Unusual choices /how often

Dinner: Frequency ____ days /wk _____ time(s) of day Beverages _____
Typical choices _____

Unusual choices /how often _____

Dessert/Snacks:
Typical choices / how often _____

Unusual choices / how often _____

Water _____ cups/day Soft drinks _____ day/ wk Coffee _____ cups/day / wk Tea _____ cups/day /wk
Take out food _____ times/wk Restaurant _____ times/wk Sugar use _____ tsp day /wk
Favorite food _____ how often _____ Least favorite _____ how often _____
Adverse reaction(s) to food _____ reactions _____

Bowel movement ___ daily ___ times/wk soft/formed ___ hard ___ loose ___ painful ___

Bowels change from hard to loose ___ vomiting _____ times day / week

Excess gas/bloating _____ with what foods? _____

Lifestyle

Activities _____

Exercise / type _____ times day /wk _____

Travel (international) where? _____ when? _____

Sleep usual bedtime _____ wake time _____ days/wk difficulty sleeping _____ disturbances _____

Tobacco use ___ present ___ past ___ Alcohol /type _____ frequency _____

Drug use ___ present ___ past ___ type _____