Naturopathic Intake Form

Salud Natural Wellness
NATUROPATHIC MEDICINE

Patient Information

Legal first name

Last name

Preferred first name

Middle name

Street

Unit

City

State/Province

Postal code

Home phone

Mobile phone

Email address

Date of birth

Gender

Pronouns

Relationship status

Health History

Primary Health Concerns

Medical History

- ☐ Diabetes
- ☐ Heart Disease
- ☐ Allergies
- ☐ Cancer
- ☐ Thyroid Disease
- ☐ Hypertension
- ☐ Asthma
- ☐ Autoimmune Disorders
- ☐ Other

Surgical History ◯ Yes ◯ No

Family Medical History

- ☐ Diabetes
- ☐ Cancer
- ☐ Other
- ☐ Heart Disease
- ☐ Mental Health Issues

Lifestyle and Habits

Dietary Habits

Do you follow any specific diet? ◯ Yes ◯ No

Exercise Frequency

Type of Exercise

Average hours of sleep per night

Do you have any sleep issues? ○ Yes ○ No

Do you use tobacco? ○ Yes ○ No

Do you consume alcohol? ○ Yes ○ No

Do you use recreational drugs? ○ Yes ○ No

Current Medications and Supplements

Current medications

Product Name

Start Date

End Date

Quantity

Form

Route

Frequency

Additional Notes

Supplements and herbal remedies

Product Name

Start Date

End Date

Serving

Unit

Frequency

Time of day

Additional Notes

Naturopathic Assessment

Goals for seeking naturopathic care

Have you previously seen a naturopathic doctor? ◯ Yes ◯ No

Specific treatments or therapies of interest

Consent and Acknowledgment

I hereby consent to the collection and use of my personal health information for the purpose of my care and treatment. I understand that my information will be kept confidential in accordance with HIPAA regulations.

Patient

X

Print name: **Date:**