KLEINBURG
INTEGRATIVE HEALTH

NATUROPATHIC INTAKE FORM

Please Complete and Return to Reception

Thank you for visiting our clinic again! Since it has been over 1 year since your last appointment we would like to update some of your contact information and health goals. Successful health care and preventive medicine are only possible when we have a complete understanding of our patient's physical, mental and emotional wellbeing. The nature of your responses to the following questions will go a long way in assisting our understanding of your truest desires so thank you in advance for your time, thoughtfulness and honesty.

NOTE: PLEASE ONLY COMPLETE THE INFORMATION THAT HAS CHANGED WITHIN THE PAST YEAR, YOU CAN WRITE "SAME" FOR THE REST.

Name: Date:

Address:

City/Postal Code:

Telephone number: Home: Cell:

E-mailAddress:

Age:____ Date of Birth: Gender: Female / Male

Education:

Married:___ Separated:____ Divorced:____ Widowed:____ Single:____ Partnership:____

Occupation:_____

Emergency contact name: _____

Phone number: Relation:

What *three* expectations do you have from ***this*** initial visit to the clinic?

What ***long term*** expectations do you have?

What is your present level of commitment to address any underlying causes of your signs and symptoms that relate to your lifestyle? Rate from 0 to 10, 10 being 100% committed.

0% 0 1 2 3 4 5 6 7 8 9 10 100%

How would you describe your general state of health? Excellent Good Fair Poor

What behaviors or lifestyle habits do you currently engage in regularly that you believe ***support*** your health?

What behaviors or lifestyle habits do you currently engage in regularly that you believe are ***self destructive***?

What potential obstacles do you foresee in addressing the lifestyle factors which are undermining your health and adhering to the therapeutic protocols which we will be sharing with you?

Who do you know that will sincerely and consistently support you with the beneficial lifestyle changes you will be making?

What do you love to do?

STRESS

How stressful is your work? 0 = No stress 10 = Highest level of stress:

How stressful are other aspects of your life?

How do you handle these stresses?

CURRENT HEALTHCARE

Are you currently receiving healthcare? Yes / No

If yes, where are from whom? This includes MD's (please include phone and fax number), Physiotherapist, Chiropractor etc.

1. _____	**2.** _____	**3.** _____
_____	_____	_____
Phone:_____	_____	_____
Fax:__ _____	(_____)_____	(_____)_____

Do you get regular screening tests done? Y / N If so, which ones? _____

If no, when and where did you last receive medical or health care?_____

What are your most important health concerns? List as many as you can in order of importance.

1. _____
2. _____
3. _____
4. _____

Do you have any known contagious disease at this time? Yes / No

If yes, what?_____

If you are female are you currently pregnant? Yes No (Please circle one)

GENERAL

Exercise: Y / N If so, what kind and how often: _____

Watch TV: Y / N If so, how many hours? _____

Read: Y / N If so, how many hours? _____

HOSPITALIZATIONS/SURGERY/IMAGING

What hospitalizations, surgeries, x-rays, CAT scans, EEG, ECGs have you had?

_____	year	_____	_____	year	_____
_____	year	_____	_____	year	_____
_____	year	_____	_____	year	_____

ALLERGIES

Are you hypersensitive or allergic to:

Any drugs?_____

Any foods?_____

Any environmentals or chemicals?_____

CURRENT MEDICATIONS

Do you take or use any of the following (please circle):

Laxatives	Pain relievers	Antacids	Cortisone
Antibiotics	Tranquilizers	Sleeping pills	Thyroid medications
Birth Control Pills	Hormone Replacement		

Please list any prescription medications, over the counter medications, vitamins or other supplements you are taking:

1)_____ 6)_____

2)_____ 7)_____

3)_____ 8)_____

4)_____ 9)_____

5)_____ 10)_____

Do you think that there is anything else important that has not been covered so far?

_____

_____

_____

_____

Thank-you for taking the time to fill out this intake form, I look forward to working with you in your journey towards better health.