

Intake Form

(Fill this out prior to the appointment. Bring this completed form with you to the appointment. The more completely this form is filled out, the better I am able to help you.)

Name: _____ Date: _____

Address: _____

Phone and e-mail: _____

Date of Birth: _____

Marital Status: _____

Weight: _____

Occupation: _____

Height: _____

Ethnicity: _____

Biological Sex: _____

Present Situation

Present Illness (If any):

Chief Complaint(s):

Current Medications (Including Pharmaceuticals, Herbs, Vitamins-Minerals, Supplements, Etc.):

Known Specific Allergies and Corresponding Reactions:

Past History

Childhood Illnesses, Accidents, Injuries, Operations, and/or Transfusions:

Adult Illnesses, Accidents, Injuries, Operations, and/or Transfusions:

Pregnancies, Births, and/or Abortions:

Miscellaneous Health Status

Diet and Exercise:

Alcohol, Tobacco, Drugs (Recreational), and/or Related Substances:

Immunizations and/or Screening Tests Performed:

Dental Health:

Personal and Social History

Family Health History:

Occupation and Education:

Home Situation and Significant Others:

Daily Life and Routines:

Leisure Activities and Hobbies:

Important Experiences (optional):

Religious Affiliations and Beliefs (optional):
