

Naturopathic Acute Illness Intake Form

Name: _____ Age: ____ Date of Birth: _____ Sex: ____

Address: _____

City: _____ Postal Code: _____

Phone numbers: (H) _____ (W) _____ Occupation: _____

Who referred you to us? _____

History of Present Illness: What is the nature of the complaint. Please be as specific as possible:

How and when did this complaint develop? Have you ever experienced anything like this before?

Is there anything you can think of that makes the complaint better or worse?

Have you been seen elsewhere for the complaint? If yes, what was the diagnosis and treatment?

Medications: Please list all of your present medications including drugs, vitamins, herbs, homeopathics and dosages.

Do you have any allergies to drugs or supplements? Please list.

