

New Client Intake Form



Personal Information

Full Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

Date of Birth _____
Gender _____

Emergency Contact

Name _____
Relationship _____
Phone number _____
Reason for seeking
Naturopathic Care: _____
Current Symptoms _____

Today's date _____

Health & Medical History

Please list current medications (Prescription and Over-the-Counter) Name, dosage and frequency. Please also list any allergies both medications, foods or environmental. List any surgeries with dates.

Family Medical History (Family Members with Chronic Conditions (if applicable))

Life Style and Habits

1. Share your Dietary Preference: Omnivore, Vegetarian, etc.
2. How would you list your physical activity:
3. Sleep Patterns: Average hours of sleep per night and quality of sleep:
4. Stress Levels: Sources of stress and coping mechanisms:
5. Tobacco/Alcohol/Drug Use: Frequency and type of use:

Holistic Practices

1. List and previous experience with holistic/naturopathic care:

2. List any additional information you feel is important:

Additional Information

Please list the following:

1. Goals and expectations from Naturopathic Care:

2. Any additional information you feel is important:

Agreement and Consent

1. I understand that the information provided will be kept confidential and used for healthcare purposes only.
2. I consent to naturopathic care and understand that it may involve lifestyle and dietary changes.
3. I understand that results are not guaranteed, and the effectiveness of treatment may vary.
4. I understand this care is not meant to diagnosis or cure any illness.

Client Signature

Date