



Heather Manley, N.D.

New Patient Intake Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Work) _____

Email _____

Emergency Contact _____ Phone _____

What are your primary health concerns? List as many as you can, in order of their importance to you.

1) _____

2) _____

3) _____

4) _____

5) _____

What are your expectations you have for your appointment today?

1) _____

2) _____

3) _____

Is this your first visit to a Naturopathic Physician? _____



General Information:

When during the day is your energy and alertness best? _____ Worst? _____

What is your blood type? _____

Primary interests and hobbies _____

Primary form of exercise, if any _____

How often? _____

Family History: Do you have a family history of any of the following diseases or conditions? When answering include your parents, siblings and grandparents, if known.

Anemia__ Cancer__ Heart disease__ Mental Illness__ Alzheimers__

Arthritis__ Diabetes__ Hypertension__ Multiple sclerosis__ Stroke__

Asthma__ Epilepsy__ Kidney Disease__ Parkinsons__ Other__

Please list any other significant family medical history not listed above:

Are you currently receiving health care? If yes, please provide contact information of the provider, if available.



Please list, by name, any prescription medications you are currently taking, over-the-counter, and all vitamins/supplements/herbs that you regularly take. Include dosage, if possible.

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

Assessing the Areas of Your Life

Please write a brief description of your satisfaction and goals of the following areas in your life.

Family and Friends:

Relationships/romance:



Health:

Career:

Financial:

Personal Growth/Spirituality:

Are there any other health concerns that you have which have not been covered in this questionnaire?

Signature

Date