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? _____

PO Box 437366 Kamuela, Hawaii 96743 Phone: 808.640.1159 Fax: 808.885.2050
drheather@drheathernd.com www.drheathernd.com

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.

_____

_____

_____

PO Box 437366 Kamuela, Hawaii 96743 Phone: 808.640.1159 Fax: 808.885.2050
drheather@drheathernd.com www.drheathernd.com

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:

_____

_____

_____

PO Box 437366 Kamuela, Hawaii 96743 Phone: 808.640.1159 Fax: 808.885.2050
drheather@drheathernd.com www.drheathernd.com

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

PO Box 437366 Kamuela, Hawaii 96743 Phone: 808.640.1159 Fax: 808.885.2050
drheather@drheathernd.com www.drheathernd.com