

Welcome!

*Naturopathic doctors like to get to know the **whole** person and the entire picture of health before initiating treatment. This is a **confidential** record of your medical history and will be kept in this office. Information contained here will not be released without your consent.*

Full name:

Birthdate and current age:

Address:

Home phone number:

Cell phone number:

Email address:

Emergency contact's name and relationship to you:

Emergency contact's phone number:

Family doctor's name:

Insurance Provider:

Policy #:

ID #:

Are you the insured member? Yes or no

Main Health Concerns

Please list your main health concerns and goals

1.	
2.	
3.	
4.	
5.	

Current (and Relevant Past) Medical Conditions

Condition	Symptoms	Year of Diagnosis	Diagnosed by whom?	Still present today?

Allergies and Sensitivities

Substance that causes the reaction	Allergy or a sensitivity?	Symptoms you experience during a flare up?

Please list all CURRENT medications/supplements that you are taking

Medication or Supplement Name	Condition or symptoms it is treating	Dosage	How long?	Brand (if applicable)

Please circle any condition(s) you currently have or have previously experienced

Acne	Anemia	Angina or heart attack	Appendicitis	Arthritis	Asthma	Anxiety	Cancer
Cervical dysplasia	Chicken pox	Chlamydia or gonorrhea	Crohn's or colitis	Depression	Diabetes	Epilepsy	Eczema
Endometriosis	Gallstones	Gout	Infertility	Kidney stones	Lupus	Memory loss	Miscarriage
Head injury	Headaches /migraines	Heart disease	Hemorrhoids	HIV	High blood pressure	High cholesterol	Mono/EBV
Multiple sclerosis	Nerve damage	Osteoporosis	Parasites	Pneumonia	PCOS	Psoriasis	Seasonal allergies
Bleeding disorder	Stroke	Heartburn/reflux/GERD	IBS	Varicose veins	Hives	Warts	Cold sores
COPD							

Other Questions

Do you smoke? Cannabis or cigarettes?

Exercise? If so, what do you and how often?

Drink alcohol? If so, how much and what kind?

Drink coffee? If so, how much?

How did you hear about Amy Florian, ND and/or this clinic?

Is there anything else you'd like the doctor to know about your health that you weren't able to express or include already in this intake form?