**INTAKE FORM**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Date of Birth** |  |
| **E-mail** |  |
| **Phone** |  |
| **Profession** |  |
| **Emergency contact (name & phone)** |  |
| **Relationship status** |  |
| **Dependents & year of birth** |  |

|  |  |
| --- | --- |
| **Height & Weight** |  |
| **Eating pattern/diet** |  |
| **Daily amount of:** | Water:  Caffeine:  Alcohol:  Cigarettes: |
| **Exercise regime** |  |
| **Current medication/supplements** |  |
| **Therapist or other health practitioners that you currently see** |  |
| **Spiritual practice** |  |

|  |
| --- |
| **Summarise any current or previous injuries or accidents** |
|  |
| **Summarise any surgeries, hospitalisations that you have had including at birth** |
|  |
| **Summarise any threatening or traumatic events you have experienced** |
|  |
| **Describe why you are coming to see me** |
|  |
| **What are your expectations of these sessions short and long term?** |
|  |
| **Is there anything else you would like to share?** |
|  |

**Please mark conditions below as E for existing, P for past, C for chronic & N for N/A.**

**You can elaborate on any of them above**

| **Emotional/ Psychological** | **Status** | **Neurological** | **Status** | **Respiratory** | **Status** | **Reproduction** | **Status** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Depression |  | Epilepsy |  | Bronchitis |  | Sexually transmitted disease |  |
| Eating disorder |  | Dizziness |  | Pneumonia |  | Endometriosis |  |
| Mood swings |  | Insomnia |  | Tuberculosis |  | Miscarriage # |  |
| Addiction |  | Migraine |  | Covid-19 |  | Abortion # |  |
| Burn out |  |  |  |  |  | IVF |  |
|  |  |  |  |  |  | Pregnancy |  |
|  |  |  |  |  |  | Post partum depression |  |
|  |  |  |  |  |  | Painful periods |  |

| **page3image26968Auto immune** | **Status** | **page3image28400Muscle, bones, skin** | **Status** | **page3image29712Digestion** | **Status** | **page3image30944Child diseases** | **Status** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| AIDS/HIV |  | Arthritis  s |  | page3image34672Constipation (chronic)  constipation (chronic) |  | page3image35776Chicken-pox |  |
| page3image37016Allergies  allergies |  | Rheumatism |  | Diarrhea (chronic) |  | Measels |  |
| page3image41648Cancer (tyoe)  cancer (type) |  | Back ache |  | Gastritis |  | Mumps |  |
| page3image46320Fever (chronic)  fever (chronic) |  | page3image47584Carpal tunnel syndrome  carpal tunnel syndrome |  | Hepatitis |  | Rubella |  |
| Fibromyalgia |  | Muscle pain (chronic) |  | Liver disorder |  | page3image54496 |  |
| Fungal infection |  | Skin disease/eczema |  | Ulcer |  | page3image58752 |  |
| page3image59568Herpes  herpes (type)  page3image60856 |  | page3image61320page3image61800 |  | page3image62272Pancreatitus  pancreas  page3image63200 |  | page3image63664page3image64144 |  |
| Lymes’ disease |  |  |  | Diabetes (type) |  |  |  |
| page3image67024Mononucleose  mononucleose (Pfeifer) |  | page3image68280 |  | page3image68888Food intolerance(s) |  | page3image69496 |  |

| **page3image73064Endocrine** | **Status** | **page3image74456Cardiovascular** | **Status** | **page3image75728Urinary** | **Status** | **page3image76960Other** | **Status** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Thyroid |  | Angina |  | Cystitis |  | Sleep disorder |  |
| Para thyroid gland |  | Heart attack |  | Kidneys (incl stones) |  |  |  |
| Adrenal gland |  | Blood pressure high/low |  | Prostate |  |  |  |
| page3image92360 |  | Stroke  page3image93760 |  | page3image95160 |  | page3image96104 |  |

This information will be treated confidential. Unless with your written consent, this information will not be shared with others.