



## CLIENT INTAKE FORM

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email (**Please Print**) \_\_\_\_\_

I want to receive promotions and communications through email.

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Medications

Please list any **medications or supplements (aspirin, herbals, fish oil, etc.)** you are taking:

\_\_\_\_\_

### Allergies

Please list any medication/food allergies: \_\_\_\_\_

Are you allergic to Latex? Yes \_\_\_\_ No \_\_\_\_

Are you allergic to Iodine? Yes \_\_\_\_ No \_\_\_\_

Are you currently pregnant or planning on becoming pregnant? Yes \_\_\_\_ No \_\_\_\_

Are you currently nursing? Yes \_\_\_\_ No \_\_\_\_

### List Past Medical Conditions

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### List Past Surgeries

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**List Significant Family Histories**

- Alcoholism
- Anemia
- Anorexia
- Asthma
- Autoimmune Disease
- Bleeding Disorder
- Breast Lump
- Cancer
- Chemical Dependency

**MOM/DAD/SIBLINGS:**

- Chronic Fatigue
- Connective tissue disorder
- Diabetes
- Eating Disorders
- Epilepsy
- Fibromyalgia
- Hepatitis A, B, or C
- Herpes/Cold Sores
- History of Keloid Scarring

- HIV/ Aids
- Migraines
- Multiple Sclerosis
- Neuromuscular Disorder
- Pacemaker or Defibrillator
- Pigmentation Disorder
- Polycystic Ovaries
- Seizures
- Skin Lesion

**List Recent LAB/IMAGING Results**

**Social History:**

1. Smoking: Y N How long: How many packs:
2. Drinking: Y N How long: How much:
3. Drugs: Y N

**Review of Systems:**

Do you have any fever/chill/nausea/vomiting/diarrhea/short of breath/chest pain in the last 72 hours?

Did you receive any vaccine in the last 14 days?

Were you diagnosed with Covid 19 in the past 3 months?

Have you received any antibody infusion treatment in the last month?

Have you done genetic testing in the past?

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Client Signature

Reviewed By:

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Staff Name

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Staff Signature

