



Patient Intake Form-Naturopathic Care

Date: _____

Name: _____ Date of Birth: _____ Age: _____ M or F

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email _____

May we contact you to confirm appointments? Yes / No

If yes, how would you like us to confirm your appointment? _____

In case of Emergency, who is your contact?

Name: _____ Relationship _____ Phone Number _____

How did you hear about us? _____

Please describe the reason for today's consultation? _____

Medical History

Medication and/or Drug Allergies:

All Other Allergies or sensitivities:

List all Major Illnesses, Surgeries, or Chronic Problems:

Are you currently under the care of a doctor: Yes / No

If yes, please explain: _____

Do you have any metal implants? Yes / No

If yes, please explain: _____

List all supplements, prescriptions, and over the counter medications that you are currently taking

(Include herbs, vitamins, aspirin, ibuprofen, etc)

Infinite Healing Center

6638 E. Baseline Rd. #103, Mesa AZ 85206 (480) 985-7070

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General Health Questions

Tobacco use: Yes / No

How many 8oz glasses of water do you drink each day? _____

Do you consume alcohol: Yes / No If so, how much per week? _____

Do you have regular sleep patterns? Yes / No

How many days per week do you exercise? _____

Do you drink caffeine: Yes / No If so how much per day? _____

Are you on a restricted diet? Yes / No If yes, please explain _____

For those who are interested in Weight Management please complete the following:

Current Weight _____ Goal Weight _____

Are you currently dieting: Yes / No If yes, please explain what methods you are using?

Which weight management methods have you used in the past to lose weight?

What do you think is keeping you from obtaining your ideal weight?

For those interested in aesthetic services, please describe your skin and other cosmetic concerns by circling all that apply:

Dry	Tight	Flaky	Oily	Large Pores	Acne	Blackheads
Whiteheads	Pimples	Acne Scars	Crow's Feet	Facial Veins	Thin Skin	Thick Skin
Skin Tags & Moles	Fine Lines & Wrinkles	Forehead Lines	Facial Redness	Skin Discoloration	Unwanted Body Fat	Spider/varicose Veins
Large Veins on Hands	Saggy Skin	Nasal Folds	Thin Lips	Freckles	Age Spots	Scars

For Women Only:

Using Birth Control: Yes / No If yes, which method? _____

Nursing: Yes / No

Pregnant: Yes / No

Menopausal: Yes / No

Using Hormone Replacement: Yes / No

Patient Signature _____ Date _____

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