

New Patient Intake

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name \_\_\_\_\_ please refer to me as: \_\_\_\_\_

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

Phone: \_\_\_\_\_ secondary phone: \_\_\_\_\_

email: \_\_\_\_\_ emergency contact: \_\_\_\_\_

Preferred method of contact \_\_Phone \_\_email \_\_text other: \_\_\_\_\_

Primary health concerns at this time: Date Began

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Other Treatments sought for these conditions:

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Supplements/Medications: for what condition: start date: prescribed by:

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other notes you would like me to know / major surgeries or accidents:

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