Rebecca Pell
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Intake Form

Name:

Email:

Phone:

Occupation:

Date, place, and exact time of birth:

Spouse/Partner/Children (Age and Gender):

Lives with:

Siblings/Parents (Living? If not, when did they die?):

Are you currently under the care of a physician, therapist, homeopath, acupuncturist, naturopath, acupuncturist or other health or medical professional? If so, for what conditions?

Please list all conditions including mental, emotional, or physical, which you would like to see improved.

Condition	**Since**	**Causes/Details**

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Medications (Prescription and OTC) & Supplements you currently take:

Medication	**Dose**	**Since**	**Adverse effects?**

Allergies to medications or foods? If so, what happens when you take them?

Which of the following conditions have you or any blood relation had? Indicate with an "s" for self, "f" for family members.

Abscesses	Heart Disease	Rubella	Stroke
Alcoholism	Hepatitis	Prostatis	Warts
Allergies	Herpes	Rheum Fever	Whooping Cough
Amnesia	Kidney/Bladder	Scarlet Fever	Worms
Arthritis/gout	Leukemia	Sexual Abuse	Yellow Fever
Cancer	Malaria	Skin Disease	Asthma
Cold Sores	Measles	Strep Throat	Insanity
Depression	Miscarriage	Sinusitis	Paralysis
Diabetes	Mono.	Sunstroke	Anemia
Emphysema	Mumps	Syphilis	Bleeding
Epilepsy	Parasites	Tonsillitis	Drug Addiction
Gonorrhea	P.I.D.	Tuberculosis	
High Blood Pressure			

Please list any significant life events such as pregnancies, births, deaths, accidents, etc. (If so, what year?)

Are there any conditions after which you have never been totally well again, or

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have been more severe than usual? Which ones?

What surgeries have you had?

Surgery	**When**	**Complications?**

Any major injuries or hospitalizations?

Injury	**When**	**Long-term effects?**

What vaccinations have you had? Any adverse effects from them?

Do you use/consume the following? If so, how often?

Tobacco:
Coffee:
Alcohol:
Recreational Drugs:

Are you currently being treated or have you in the past for any psychiatric disorders or mental illness? If so, when and what treatments (medications, therapy, etc.)