



ADULT INTAKE FORM

Today's Date: _____ Name: _____

Date of Birth: _____ Gender: M/F BC Care card# _____

Phone #: (work) _____ (home) _____ (e-mail) _____

Address: _____

Emergency Contact: Name (Relation): _____
Phone number: _____

How did you hear of the clinic? _____

Other Health Care Providers

Name: _____ Type of Practitioner _____ Phone # _____

Name: _____ Type of Practitioner _____ Phone # _____

Name: _____ Type of Practitioner _____ Phone # _____

How would you describe your general state of health? <Excellent <Good <Fair <Poor

What are your current health concerns, in order of importance?

1. _____ How Long? _____ Prior treatment _____
2. _____ How Long? _____ Prior treatment _____
3. _____ How Long? _____ Prior treatment _____
4. _____ How Long? _____ Prior treatment _____

Current medications and supplements (attach list if extensive): _____

Medical History

Major illnesses (describe): _____

- | | |
|-------------------|-----------------------|
| > Allergies _____ | > Birth defects _____ |
| > Asthma _____ | > Heart Disease _____ |
| > Arthritis _____ | > Hypertension _____ |
| > Cancer _____ | > Diabetes _____ |

Any previous hospitalizations or surgeries (describe)? _____

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Immunizations (recent) : _____
Any adverse reactions to the above immunizations (describe)? _____

Family History

Indicate if a close relative (parent, grandparent, and sibling) has had any of the following:

- | | |
|-------------------|-----------------------------|
| > Allergies _____ | > Birth defects _____ |
| > Asthma _____ | > Heart Disease _____ |
| > Arthritis _____ | > High blood pressure _____ |
| > Cancer _____ | > Diabetes _____ |

Other comments/ family health concerns not previously mentioned?

Extended Insurance coverage:

Name of Insurance company: _____
Phone Number for benefit inquiries: _____
Group policy / extended health care#: _____
Policy holder ID#: _____

Consent to treatment
Please read and sign.

I _____ give consent for treatment through Peninsula Naturopathic Clinic. I understand that in most cases it may take time to see improvements to my health and that follow up visits are essential to achieving long term health goals. Through commitment and personal responsibility to my health, naturopathic care will work to my benefit.

Effective naturopathic treatment may involve diagnostic testing, supplementation, herbal and homeopathic treatments, dietary and lifestyle changes. Acupuncture, craniosacral therapy, and body work are also offered and may be recommended. Treatment therapies recommended will be discussed amongst my naturopathic physician and me to reflect my personal health goals.

Signed _____ Date _____