

Adult Intake Form

Kelly Wallace, N.D.
474-2727
753-9463

General Information:

Name: _____

Occupation: _____

Age: _____

Employer: _____

Date of Birth: _____

Address: _____

Emergency Contact:

Name: _____

Phone (h): _____

Relationship: _____

Phone (w): _____

Phone (h): _____

Phone (cell): _____

Phone (w): _____

Marital status: _____

Phone (cell): _____

Email address: _____

(please include your email address if you wish to be informed of upcoming events, and receive quarterly newsletters from the Wallace Integrated Health Centre)

Allergies to medications: _____

How did you hear about our clinic? _____

Please list the medical professionals that you currently see, including phone number:

Chief Concerns:

How long has this condition persisted? _____

Previous treatment & results? _____

Secondary Concerns:

Medical History:

Surgeries, hospitalizations:

Condition:

Year:

_____	_____
_____	_____
_____	_____
_____	_____

Allergies:

Food: _____

Chemical/drug: _____

Other: _____

Traumas:

Physical: _____

Emotional: _____

Family History: (please check any that apply, and indicate the family members affected)

Diabetes _____

Heart problems _____

Thyroid conditions _____

Cancer _____

Psychiatric conditions _____

Lung problems _____

Smoker _____

Gallbladder problems _____

Others _____

Arthritis _____

High blood pressure _____

Glaucoma _____

Kidney problems _____

Tuberculosis _____

Stroke _____

Alcohol problems _____

Liver problems _____

Personal History:

How many hours of sleep do you get in a night? _____ Do you wake up? Y N

Do you smoke? Y N If yes, how much? _____ For how many years: _____

Do you exercise? Y N If yes, how often? _____ What type? _____

Do you consider yourself to be under stress? Y N From home or work? _____

How is the emotional/physical atmosphere in your home? _____

Are you currently taking any prescription medications? (please list, with dosage)

Are you currently taking any nutritional supplements (vitamins, herbs...): (please list, with dosage)

Please indicate what a typical day's diet is like for you:

Thank you for taking the time to fill out this form. Is there anything else you would like to add?
