

HEALTH INTAKE QUESTIONNAIRE

Fill out the following electronically and email to support@naturalstatenamaste.com or print out and sign and bring with you to your consultation.

First Name	
Last Name	
Address	
City	
State	
Zip Code	
Email Address	
Phone Number	
Zoom Name	
Birth Date	
Place of Birth	
Height	
Weight	
Gender	
Occupation	
Referred By	
Today's Date	
Describe Problem(s):	
What treatments have you tried?	
Has any treatments been successful?	
Current sleeping habits: Do you often wake at the same time each night? Do you struggle with insomnia?	
With whom do you live?	
Do you have any pets or farm animals? If yes, where do they live?	

Have you lived or traveled outside of the United States? If so, when and where?	
Have you or your family recently experienced any major life changes? If yes, please comment:	
Have you experienced any major losses in life? If so, please comment:	
Previous jobs:	
Have you had any violent or otherwise traumatic life experiences, or have you witnessed any violence or abuse?	
List past Medical and Surgical History:	
List previous hospitalizations:	
List of known allergies:	
How often have you taken antibiotics? If so, when was the last dose?	
How often have you have taken oral steroids? If so, when was the last dose?	
What prescribed medications are you taking now?	
List all vitamins, minerals, and other nutritional supplements that you are taking now.	
Are you currently on or have tried any hormone replacement therapy? (Birth Control pills, IUD, injections.)	
Women- How many days is your menstrual cycle? Are they regular or irregular?	

<p>What is your typical daily diet: Examples of your breakfast, lunch, and dinner.</p>	
<p>How many times of the following do you consume per week?</p>	<p>Tea: Coffee (Cups Per Day): Soda: Other Caffeine: Alcohol/Beer: Water (Ounces Per Day): Dairy (Milk/Nut Milks/Yogurt): Cheese: Bread: Sugar: Candy/Chocolate: Desserts:</p>
<p>Are you on a special diet?</p>	
<p>Is there anything special about your diet that I should know?</p>	
<p>Do you have symptoms immediately after eating, such as belching, bloating, sneezing, hives, etc.? If yes, are these symptoms associated with any particular food or supplement(s)?</p>	
<p>Do you feel much worse when you eat certain trigger foods?</p>	
<p>Do you feel much better when you eat certain foods?</p>	
<p>Does skipping a meal greatly affect your symptoms?</p>	
<p>Have you ever had a food that you craved or really "binged" on over a period of time?</p>	
<p>Do you have an aversion to certain foods? If yes, what foods?</p>	
<p>How many bowel movements (BM) do you have per day?</p>	

Do you have any constipation (straining or less than 1 BM/day) or diarrhea (loose stool)?	
Do you have intestinal gas? If so, when.	
Have you ever used recreational drugs, CBD, or marijuana?	
Have you ever used tobacco? (If so, for how long?)	
Are you exposed to secondhand smoke regularly?	
Do you have any fillings in your teeth placed in by a dentist? If so, how many?	
Do you have any artificial joints or implants? If so, which ones.	
Do you feel worse at certain times of the year?	
Have you, to your knowledge, been exposed to toxic metals in your job or at home?	
Do odors affect you? If so, which ones?	
How would you rate your current level of stress? Rate 1 to 10- 1 being low and 10 being very stressful.	
Have you ever had psychotherapy or counseling?	
Are you currently, or have you ever been, married?	
List your hobbies and leisure activities:	
Do you exercise regularly? If so, how many times a week?	
What type of exercise is it?	
Do your parents or siblings have (or had) any health issues? If so, please explain:	
Have you had any blood work panels, or a hormone panel drawn recently with a PCP? If so, please attach with your intake for reference.	

Why do you believe you would be a good candidate to work with Natural State Namaste?	
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Congratulations, you are on the path to taking your first step towards health and wellness!

I acknowledge Natural State Namaste is a Natural Health Practitioner and does not diagnose, cure, or treat any illness or disease. Further, the undersigned releases Natural State Namaste, any lab partners, any independent representatives, associates, and affiliates from any and all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of their natural health services. I have read and understand everything on this page.

Client Signature: _____ Date: _____