

Patient Intake Form

Vitalis Naturopathic Centre, INC.

Dr. Celeste Saenz, ND

Healthcare Team

Present PCP (Name, Credentials, Phone):

Other healthcare practitioners:

Last physical exam: Date _____ Doctor _____

Last blood work: Date _____ Doctor _____

Present Health Concerns

What is the main reason for your visit today? Please describe in detail, including date of onset and any factors that may have contributed to its onset or continuation.

Is this concern getting: BETTER WORSE SAME

List types of treatments (including home care) and who treated you for this condition:

List other health concerns and dates of onset in order of importance:

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

Past Medical History

General childhood health: GOOD FAIR POOR

Childhood Illnesses:

- Scarlet Fever Rheumatic Fever German measles Chicken pox
- Whooping cough Diphtheria Asthma Mumps
- Mono Other _____

Hospitalizations and Surgeries (Type, Year):

Serious Illnesses and Injuries (Type, Cause, Year):

Medications (Prescription, non-prescription and supplements, including dosages):

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____
- 7. _____ 8. _____

Known Allergies:

Drugs _____ Foods _____
Animals _____ Other _____

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Past Medical History, Cont.

Table with 4 columns: Current, Past, Allergies, Stroke, Ulcers, Herpes, Candida, Rheumatism, Hypoglycemia, Sinus problems, High blood pressure, Pneumonia, Thyroid problems, Tonsillitis, HIV/AIDS, Tuberculosis, Venereal disease.

Family Health History

Checkboxes for: Heart disease, Bleeding disorder, Asthma, Cancer, Seizures, Osteoporosis, Diabetes, Allergies, High Blood Pressure, Stroke, Sickle Cell Anemia, Congenital Heart Defects.

Lifestyle and Habits

Rank each on a scale of 1 to 10 (10 being optimal): Energy, Sleep, Work, Nutrition, Exercise, Family, Digestion, Weight, Well-being. Includes questions about smoking, recreational drugs, coffee/tea/cola, and alcohol.

Nutrition

Number of meals per day: _____ Foods restricted from diet, and for how long: _____ Describe any bad reactions you get from food: _____ Do you crave sugar? Starches? Chocolate? Salt? Fat? Other? How much water do you drink per day? Is it filtered?

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Review of systems

Please indicate symptoms that you have experienced in the last six months, or that have recurred throughout your life.

General

- Weight change
- Fever/chills
- Weakness
- Fatigue
- Sweating/night sweats
- Fainting
- Dizziness
- Forgetfulness
- Hair/nail changes

Skin

- Itching
- Rashes
- Bruise easily
- Hives
- Athlete's foot
- Eczema/psoriasis
- Change in moles
- Sores that won't heal

Muscle/Joint/Bone

- Pain
- Numbness
- Swelling
- Bursitis/tendonitis
- Broken bones
- Sprains/strains
- Spasms/cramps
- Headaches/head injuries
- Low back, hip, leg pain
- Neck, shoulder, arm pain
- Jaw pain/TMJ
- Arthritis

Eyes

- Glasses/contacts
- Blurring
- Pain
- Double vision
- Discharge
- Floaters
- Glaucoma
- Cataracts

Ears

- Ringing
- Earache/discharge
- Loss of hearing

Nose

- Sinusitis
- Bleeding
- Discharge
- Obstruction
- Postnasal drip
- Nasal polyps

Mouth/Throat

- Sores
- Bleeding gums
- Teeth
- Hoarseness
- Difficulty swallowing
- Taste

Pulmonary

- Shortness of breath
- Wheezing
- Chronic cough
- Coughing blood
- Sputum

Cardiovascular

- High blood pressure
- Low blood pressure
- Irregular heartbeat
- Murmurs
- Calf pain with walking
- Edema
- Palpitations
- Chest pain
- Varicose veins

Gastrointestinal

- Poor appetite
- Constipation/diarrhea
- Indigestion/heartburn
- Gas/bloating
- Bowel changes
- Excessive hunger
- Excessive thirst
- Nausea/vomiting
- Hemorrhoids
- Blood in stool
- Hernia
- Anal discomfort

Genitourinary

- Low back pain
- Painful urination
- Blood in urine
- Frequent/urgent urination
- Loss of bladder control
- Nighttime urination
- Recurrent infections

Male Only

- Breast lumps
- Erection difficulties
- Lump/pain in testicles
- Penis discharge
- Sores on penis
- Infertility

Sexual History

- Syphilis
- Gonorrhea
- Chlamydia
- Sores/discharge
- Herpes
- Sexual/physical abuse

Female Only

- Breast lumps
- Nipple discharge
- Bleeding after menopause
- Hot flashes
- Painful intercourse
- Hysterectomy
- Infertility
- Fibroids
- Vaginal infections
- Abnormal PAP smears
- LMP _____

Endocrine

- Goiter
- Heat/cold intolerance
- Excessive thirst/hunger
- Hormone therapy

Allergic

- Drug/Vaccination allergy

Asthma

- Eczema
- Rhinitis
- Hay fever
- Hives
- Post-nasal drip
- Itchy/watery nose/eyes

Blood/Lymph

- Anemia
- Transfusions
- Bleeding tendency
- Lymph node enlargement
- Lymph node pain

Neurological

- Fainting
- Convulsions
- Sensations
- Gait/coordination
- Speech
- Numbness/tingling
- Paralysis/weakness

Psychological

- Memory loss
- Mood
- Sleep pattern
- Anxiety/depression
- Phobias
- Drug/alcohol abuse

Other

- _____
- _____
- _____
- _____
- _____