Naturopathic Intake Form

Name *

First Name Last Name

Diet

Please record the food and drinks you consume on a typical day

	Health Concern
Breakfast	
Morning Tea	
Lunch	
Dinner	
Dessert/Evening snack	

On average, how many serves of the following would you consume on a typical day?

	#servings
Fruit: 1 medium piece, 2 small pieces or 1 cup chopped fruit	
Vegetables: 1/2 cup cooked or 1 cup raw	
Cereals & grains: 1 cup cooked rice/pasta, 2 slices bread, 1 bread roll, 1 cup porrige or cereal, 1/2 cup muesli	
Milk & dairy: 1 cup milk, 200g yoghurt, 2 slices cheese	
Protein: cooked meat/chicken/fish palm size, 2 eggs, 1/3 cup legumes, 1/3 cup nuts, 100g tofu or tempeh	

How many cups of water do you drink per day?

- ○ less thank 1ltr
- ○ 1-2ltr
- ○ 2ltr or more

What % of food per week is

What % of food you cook is

What % of food you eat is?

What sort of fats and oils do you use?

- ☐ Butter
- ☐ Margarine
- ☐ Olive oil
- ☐ Canola/vegetable oil
- ☐ Ghee
- ☐ Other

What many cups do you consume on a typical day?

Do you currently or have you experienced any of the following?

- ☐ Frequent dieting
- ☐ Binge eating
- ☐ Frequently skipping meals
- ☐ Always hungry
- ☐ Can't gain weight
- ☐ Can't lose weight

Do you crave any of the following foods?

- ☐ Sugar
- ☐ Chocolate
- ☐ Carbohydrates
- ☐ Salt
- ☐ Other

Allergies and Sensitivities

Any known food allergies or sensitivities?

Digestive Health

Do you experience any of the following digestive symptoms?

- ☐ Bloating
- ☐ Flatulence

- [ ] Belching
- [ ] Heartburn/reflux
- [ ] Excess fullness after meals
- [ ] Abdominal cramping/pain
- [ ] Nausea
- [ ] Vomiting
- [ ] History of food poisoning/parasites

Do you experience any of the following regarding your bowel movements?

- [ ] Loose stools
- [ ] Hard stools
- [ ] Thin stools
- [ ] Constipation
- [ ] Blood in stools
- [ ] Dark stools
- [ ] Undigested food in stools
- [ ] Mucous in stools

Digestion of fatty meals; symptoms?

Any symptoms when skipping meals?

Immune System Health

Vaginal or C-Section birth?

- ○ Vaginal
- ○ C-Section

How many rounds of antibiotics have you been on before puberty?

How many rounds of antibiotics have you been on in the last 5 years?

Do you experience any of the following?

- ☐ Frequent cold/flues
- ☐ History of chronic viral infection (mono, herpes, shingles, hepatitis, HIV etc.)
- ☐ Urinary tract infections
- ☐ Yeast infection (toenail fungus/athlete's foot, vaginal/jock itch, tinea, etc.)
- ☐ Other infections (sinus, ear, lung, skin, bladder, kidney)
- ☐ Slow wound healing
- ☐ Strong body odour

Respiratory Health

Do you experience any of the following?

- ☐ Pneumonia/bronchitis
- ☐ Asthma
- ☐ Nasal congestion/phlegm
- ☐ Snoring/sleep apnea
- ☐ Bad breath/bad taste in mouth
- ☐ Enlarged lymph nodes
- ☐ Cold sores
- ☐ Canker sores
- ☐ Receding gums

Details?

Nervous System

Do you experience any of the following?

- [ ] Migraine
- [ ] Dizziness/loss of balance
- [ ] Visual disturbances
- [ ] Tremors/ uncontrolled movements
- [ ] Muscle weakness
- [ ] Cognitive disturbances
- [ ] Memory loss

Details?

Mental Health

Do you experience any of the following?

- [ ] Anxiety disorders
- [ ] Panic attacks
- [ ] Depression
- [ ] Mood swings
- [ ] Hyperactivity

Details?

Musculoskeletal System

Do you experience any of the following?

- [ ] Muscle or joint pain
- [ ] Joint Stiffness

- [ ] Joint swelling
- [ ] Tension headaches
- [ ] Sciatica
- [ ] Muscle cramps
- [ ] Restless legs

Details?

Integumentary System

What is the general condition of your skin; dry, flakey, oily, itchy?

Do you experience any of the following?

- [ ] Skin rashes
- [ ] Ezcema
- [ ] Psoriasis
- [ ] Acne
- [ ] Rosacea
- [ ] Boils
- [ ] Cysts
- [ ] Warts
- [ ] Skin tags
- [ ] Growths

Details?

Cardiovascular System

What is the general condition of your skin; dry, flakey, oily, itchy?

Do you experience any of the following?

- ☐ Angina
- ☐ Shortness of breath on exertion
- ☐ Tachycardia
- ☐ Palpitations
- ☐ Cold extremities
- ☐ Oedema
- ☐ Varicose veins
- ☐ Excessive bruising
- ☐ Excessive bleeding
- ☐ Hypertension
- ☐ Hypotension

Details?

Endocrine System

Diagnosed endocrine system; diabetes, thyroid, adrenal disease?

Do you experience any of the following?

- ☐ Unexplained weight change
- ☐ Unexplained fatigue
- ☐ Energy fluctuations
- ☐ Changes to concertration
- ☐ Memory changes
- ☐ Hair thinning or falling out
- ☐ Cold or heat sensitivity
- ☐ Increased sweating
- ☐ Increased urination
- ☐ Increased thirst
- ☐ Appetite changes

Urinary System

Diagnosed kidney or urinary tract disease?

Do you experience any of the following?

- ☐ Pain or discomfort on urination
- ☐ Incontinence
- ☐ Urgency
- ☐ Incomplete emptying
- ☐ Cloudy urine
- ☐ Blood in urine
- ☐ Smelly urine
- ☐ UTI

Details?

Female Reproductive System

Diagnosed reproductive disease?

Any hormonal/contraception?

Regular cycle?

Cycle length?

Blood loss; light, medium, heavy?

Colour of blood; red/dark brown?

Do you experience any of the following?

- ☐ Clots
- ☐ Spotting between periods
- ☐ Period Pain
- ☐ Ovulation Pain
- ☐ Abnormal discharge
- ☐ PMS
- ☐ Breast pain
- ☐ Breast lumps

If menopausal/ post-menopausal?

- [ ] Hot flushes
- [ ] Night sweats
- [ ] Poor libido
- [ ] Post menopausal bleeding

Details?

Sleep

Average hours of sleep

Average time taken to fall asleep?

Fall back to sleep easily if woken?

- ○ Yes
- ○ No

Remember dreams?

- ○ Yes
- ○ No

Refreshed on waking?

- ○ Yes
- ○ No

Sleep through the night

- ○ Yes
- ○ No

Energy & Stress

Energy levels 1-10

Highest: am/pm

Lowest: am/pm

Stress levels 1-10

Stressors: how is stress handled?

Lowest: am/pm

Clinical Assessment

Skin

- ☐ Yellow
- ☐ Grey
- ☐ Blue
- ☐ Red
- ☐ Pale
- ☐ Oily
- ☐ Dry
- ☐ Itchy
- ☐ Scaly
- ☐ Normal

Hair

- [ ] Oily
- [ ] Dry
- [ ] Brittle
- [ ] Wiry
- [ ] Alopecia
- [ ] Dandruff
- [ ] Good condition

Nails

- [ ] Colour:Pale
- [ ] Colour:Pink
- [ ] Colour:Brown
- [ ] Vertical ridges
- [ ] Horizontal grooves
- [ ] Pitted
- [ ] White spots
- [ ] Splinter
- [ ] Moons
- [ ] Weak
- [ ] Brittle
- [ ] Flaking
- [ ] Fast blood return
- [ ] Slow blood return

Tongue

- [ ] Colour: White
- [ ] Colour: Cream
- [ ] Colour: Yellow
- [ ] Colour: Green
- [ ] Colour: Red
- [ ] Coated
- [ ] Inflammed
- [ ] Raw
- [ ] Dry
- [ ] Slimy
- [ ] Midline groove
- [ ] Mapping
- [ ] Geographic
- [ ] Scalloped edges
- [ ] Quivering
- [ ] Difficult sticking tongue out