

Integrative Medicine Intake Form

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|--|---|
| Allergic reaction/intolerances to medications Example: penicillin-hives | Allergic reaction/intolerances (foods, environment) Example: cow's milk-bloating |
|--|---|

| Medications (prescription & over the counter) or attach your own list | Dosage & frequency | Reason | Taking for how long? | Cost/month |
|---|--------------------|--------|----------------------|------------|
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| Herbs & supplements or attach your own list Please include brand name | Dosage & frequency | Reason | Taking for how long? | Cost/month |
|--|--------------------|--------|----------------------|------------|
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Occupation _____

With whom do you live? (include roommates, friends, partner, spouse, children, parents, relatives, pets)

| Name | Age | Relationship | Name | Age | Relationship |
|-------|------|--------------|-------|------|--------------|
| _____ | ____ | _____ | _____ | ____ | _____ |
| _____ | ____ | _____ | _____ | ____ | _____ |
| _____ | ____ | _____ | _____ | ____ | _____ |

What physical activities do you participate in & how often? _____

What do you do to relax? _____

Describe your sleep: include # hours/night _____

What are the major stressors in your life? _____

Religious affiliation, past & present _____

What prior experiences have you had with alternative medicine? _____

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Nutrition History

How many servings of fruit do you usually eat/drink each day? _____
(Serving = 1 small piece of fruit, ½ cup fruit juice, ½ cup canned or chopped fruit, ¼ cup dried fruit)

How many servings of vegetables do you consume each day? _____
(Serving = ½ cup raw or cooked vegetables, 1 cup fresh, green leafy vegetables, ¼ cup dried vegetables or 1 small piece)

Are you currently on a special diet? If so, please describe: _____

How much water do you drink on a typical day? _____
Example: Four 16 ounce bottles water/day

How much caffeinated coffee and/or soda do you drink a day? Coffee _____ Soda _____

What kind of tea do you drink (green/white/oolong/black/herbal)? _____

cups of tea per day _____

What type of oils or spreads do you add to your food? _____

How often do you eat out at restaurants or fast food places per week? _____

Which restaurants do you typically visit? _____

Please indicate the number of protein servings you consume during an average week:

| Protein | # servings (1 serving meat = 3 ounces cooked meat, poultry or fish = a deck of cards) |
|--|---|
| Red meat (beef, pork, lamb, veal, etc.) | |
| Fish/seafood | |
| Poultry | |
| Beans | |
| Soy (tofu, tempeh) | |
| Other sources (i.e. protein supplements) | |