



Patient Intake Form

Today's Date: ___ / ___ / ___

Patient Name: _____

Date of Birth: ___ / ___ / ___

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ OK to leave a message? Yes No

Cell Phone: _____ OK to leave a message? Yes No

Email: _____

Patient Demographics

Female Male Non-Binary Other Do not wish to disclose

Race: _____ Do not wish to disclose

Ethnicity: _____ Do not wish to disclose

Primary Language: _____

Emergency Contact Information

Name of Emergency Contact: _____

Relationship to Patient: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Allergies

Medications: _____

Environmental: _____

Foods: _____

Marie Winters ND, FABNO

(215) 313-4114

My-ND.org

My ND, LLC provides naturopathic counseling. All patients with active cancer must have a consulting oncologist or physician in conjunction with care. My ND, LLC should be used in conjunction with conventional medical care.



Patient Intake Form

Medical Team

Primary Care Physician: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax Number: _____

Oncologist (*cancer patients only*): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax Number: _____

Medications with Dosage

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____
- 7) _____

Health Concerns

Briefly explain what brought you here today:

Marie Winters ND, FABNO

(215) 313-4114

My-ND.org

My ND, LLC provides naturopathic counseling. All patients with active cancer must have a consulting oncologist or physician in conjunction with care. My ND, LLC should be used in conjunction with conventional medical care.