

Naturally Unbridled Wellness EMAIL Intake Form

Today's Date ____/____/____

Name: _____ ☐ Male ☐ Female

Birthdate: _____ Age: _____ Email: _____

FULL Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Occupation: _____ Emergency Contact Phone: _____

Referred by: _____

Reason for consultation: _____

How long have you had this condition? _____

Is it getting worse? _____ Does it bother your: ☐ Sleep ☐ Work ☐ Other (what?) _____

What seemed to be the initial cause? _____

Are you under the care of a physician now? ☐ Yes ☐ No

If yes, for what? _____

Who is your Chiropractor? _____

ALL Pharmaceuticals taken in last two months:

Vitamins/ Supplements taken in last two months:

Describe in detail what you are experiencing and what you are hoping to accomplish:

ARE YOU CURRENTLY PREGNANT OR NURSING? _____

CONTINUE TO NEXT PAGE

Are you looking for natural symptom support or do you want to get to the root cause of the issue? _____

Are you an addict or alcoholic? _____ (or in recovery)

How willing are you to make lifestyle changes to improve your situation?

Not Willing

Slightly Willing

Willing

Very Willing

I understand that Patti Bartsch, Ph.D. and the practitioners at Naturally Unbridled Wellness LLC are not medical professionals; therefore they do not diagnose, treat, cure, or prescribe for any disease or condition. Their comments are not a replacement for qualified medical care. I have stated any and all medical conditions and medications that apply to me and I take it upon myself to keep the practitioners up to date on health changes. If you are under 18 years old a guardian must sign this form. Thank You.

signature

date

You may include any other information that you feel may be helpful to us below: