

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 you: 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? _____

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?

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: