REVYVE
TRUE WELLNESS

CLIENT INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

Email: _____Phone: _____

Occupation: _____ Referred by: _____

Do you know your blood type? No ___ Yes ___ circle the one: **A B AB O**

Do you have mercury fillings? No ___ Yes ___ How many? Few ___ Many ___

Do you smoke cigarettes or cannabis? Yes ___ No ___

Have you recently taken antibiotics? Yes ___ No ___ When and for what _____

Are you under the care of a physician? Yes ___ No ___

List current medications (prescribed or non-prescribed), along with the conditions they are treating:

_____

_____

List any Herbal/Vitamin Supplements you are currently taking: _____

_____

_____

List all other natural/conventional health care you are currently using (i.e. chiropractic, herbalist, acupuncture, massage, physiotherapy, craniosacral, traditional Chinese medicine, psychologist, etc.)

_____

How often do you have a bowel movement? _____

Do you experience arthritic or other pain? Yes ___ No ___ Where? _____

Any known allergens? Yes ___ No ___ What? _____

Are you exposed to toxins, fumes, or chemicals at home or work? Yes ___ No ___ Please explain:

_____

On a scale from 1 to 10 (10 = best), how would you rate your health? _____

Do you exercise? Yes ___ No ___ How often? _____

Have you suffered a major trauma in the past 2 or 3 years? Yes ___ No ___

Any other conditions or relevant information to help in the consultation?

_____

_____

DO YOU EXPERIENCE? Circle the number: 1 being minor, 5 major

Chronic stress: 1 2 3 4 5

Lack of focus: 1 2 3 4 5

Poor concentration: 1 2 3 4 5

Brain fog: 1 2 3 4 5

Anger: 1 2 3 4 5

Mood swings: 1 2 3 4 5

Sleep problems: 1 2 3 4 5

Fatigue most of the time: 1 2 3 4 5

Feeling anxious most of the time: 1 2 3 4 5

Irrational fears: 1 2 3 4 5

Feeling depressed most of the time: 1 2 3 4 5

Poor memory: 1 2 3 4 5

Describe what you typically eat and drink for the following:

Breakfast: _____

_____

Lunch: _____

_____

Supper: _____

_____

Snacks: _____

Beverages: _____

Thank you! All information will remain confidential.

CONSENT AND ACKNOWLEDGMENT

I , the undersigned, hereby understand and acknowledge that Laura Hunter is not a medical practitioner and in particular that she:

- ***A) does not hold herself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition;***
- ***B) does not offer or undertake by any means or methods to diagnose, treat, operate, prescribe for any human disease, pain, injury, disability or physical condition, and;***
- ***C) cannot and will not give medical advice.***

I, the undersigned, hereby confirm and acknowledge:

- ***A) all information from, or communication with, Laura Hunter are at my own request, with full knowledge of the above particulars, and;***
- ***B) no guarantees have been made to me concerning the results that may be obtained as a result of my consultation with Laura Hunter.***

Dated this _____ day of _____, 20____.

Signature _____

Printed Name _____

Parent/Guardian Signature (If under 18 years old) _____