

Initial Consult Intake Form

1. Review your **Medications** list to make sure it is up to date and includes ALL prescriptions you are currently taking. Please make sure to specify the exact brand, dose, and form of the medication you are actually taking. If one is missing, please list it in the box below.

2. Review your **Supplements** list to make sure it is up to date and includes ALL supplements you are currently taking. Please make sure to specify the exact brand, dose, and form of the supplement you are actually taking. If one is missing, please list it in the box below.

3. List any testing you have had in the past 3-6 months (include genetic testing):

4. Tell us your top 5 symptoms and/or goals for working with us:

5. List your current diagnoses (if any):

6. List any pertinent family medical history (e.g. autoimmune disease, cancer, heart disease, etc.)