

## Aylmer Ostéo ND Intake Form

### GENERAL INFORMATION

Name \_\_\_\_\_

Today's date \_\_\_\_\_

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_

Type of work \_\_\_\_\_

Address with postal code \_\_\_\_\_

Phone (home) \_\_\_\_\_

Cell \_\_\_\_\_

Emergency contact name \_\_\_\_\_

Their phone / cell \_\_\_\_\_

How did you hear about D. Korah? \_\_\_\_\_

*Optimal health is only possible when the practitioner has a complete understanding of the person. Your thoughtfulness and honesty in completing this confidential form will greatly assist my understanding of your healthcare needs.*

### HEALTH INFORMATION

What is your main concern?

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If applicable, what is the diagnosis from your MD? \_\_\_\_\_

Please list any other concerns in order of importance:

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If you are female, are you currently pregnant? Yes  No

How do you rate your overall health? Poor  1  2  3  4  5  Excellent

How do you rate your overall energy? Poor  1  2  3  4  5  Excellent

Rate your stress level: Low  1  2  3  4  5  Unbearable

### MEDICATIONS / SUPPLEMENTS

Please list all current medications (prescription and over-the-counter) and nutritional supplements:

Medication	Dose/day	How long?	Supplement	Dose/day	How long?
1.			1.		
2.			2.		
3.			3.		

### MEDICAL HISTORY

• Please list (with approximate dates) any medical conditions (high blood pressure, diabetes, cancer etc.), serious injuries, and any hospitalizations:

• Please list any health conditions in your family history: \_\_\_\_\_

• What are your therapy goals and expectations? \_\_\_\_\_

### **Informed Consent for Therapy**

• I understand that a record will be kept of the sessions; techniques/suggestions are based on osteopathic or naturopathic principles and results are not guaranteed. D. Korah is not a medical doctor and cannot offer a medical diagnosis or treatment and I should continue to follow up with my MD as usual. The slight risks include but are not limited to: muscle strains; allergic reactions; pain; and aggravation of pre-existing symptoms. Personal information is gathered for communications related to appointments.

• I accept full responsibility for any applicable fees. Payment is due at the end of each visit. The complete list of fees for appointments and tests are posted in the office.

• I am not an agent of any agency attempting to gather information without so stating and I voluntarily consent to therapy and understand that I can change my consent at any time.

**The FULL fee will be charged for missed appointments or appointments cancelled with less than 48 hours notice.**

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Signature

  
Dileep Korah