

Aylmer Ostéo ND Intake Form

GENERAL INFORMATION

Today's date _____

Name _____

Email _____

Date of birth _____ Gender _____ 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?

If applicable, what is the diagnosis from your MD? _____

Please list any other concerns in order of importance:

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.

Signature


Dileep Korah