

Apple Naturopathic Clinic
Dr. Erika Kneeland, ND
#2-204 North Island Highway
Courtenay, BC V9N 3P1
Applenaturopathic.com

New Patient Intake Form

Name: _____

Date of Birth: _____

Are you familiar with naturopathic medicine? _____

Main reason(s) for attending the clinic, in order of importance. Indicate when the symptoms first appeared.

Medical doctor's name: _____

**Do you consult with other health care professionals?
Please list**

For women only:

Date of last PAP test? _____
(This screening is offered through Dr. Kneeland)

Age of first menses: _____

If over 40, date of last mammogram? _____

Please list drugs/medications you are currently taking:

Please list drugs/medications you were taking in the past:

Please list all supplements you are currently taking:

Do you wear a medic alert bracelet? Y N

Do you wear a pacemaker? Y N

Do you have any drug related allergies? Y N

Do you have any food/environmental allergies/ sensitivities? Y N (If yes, please list)

Which of the following conditions have you had? (please circle)

Alcoholism/Allergies/Anemia/Arthritis/Asthma/Cancer/Chicken pox/Cold sores/
Depression/Diabetes/Ear infections/Eczema/Emphysema/Epilepsy/Frequent colds/
Gall stones/Gonorrhea/Gout/Hay fever/Heart disease/Hepatitis/Herpes/Influenza/
Kidney disease/Leukemia/Malaria/Measles/Miscarriage/Mononucleosis/Mumps/
Parasites/Pelvic inflammatory disease/Peritonitis/Pleurisy/Pneumonia/Prostatitis/
Recurrent infections/Rheumatic fever/Rubella/Scarlet fever/Skin disease/Strep throat/
Sinusitis/Sunstroke/Thyroid disease/Tonsilitis/Tuberculosis/Warts/Whooping cough

Is there any of the preceding conditions after which you have never been totally well since or which have been more serious than usual?

Please list any operations, hospitalizations, childbirths, major accidents or traumas you have had:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Please indicate below which of the following conditions have affected your relatives

Indicate: F=Father, M=Mother, S1=Sibling, S2=Sibling etc., PGM=Paternal

Grandmother, MGM=Maternal Grandmother, PA=Paternal Aunt, PU= Paternal Uncle

Alcoholism:

Allergies:

Arthritis:

Asthma:

Autoimmune disease:

Cancer (type):

Depression:

Diabetes:

Hay fever:

Heart disease:

High blood pressure:

Mental illness:

Osteoporosis:

Pneumonia:

Skin disease:

Thyroid disease:

Tuberculosis:

Gout:

Do you (please circle):

Smoke/Drink alcohol regularly/Drink coffee/Tea/Pop/Use recreational drugs/Use

Antacids, Steroids or Laxatives

Have you lost any weight lately? How many pounds? _____

What exercise do you do and how much?

What are your short-term health goals?

What are your long-term health goals?
