

# Wholistic Healthcare, LLC

## Treatment Intake Form

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/ST/ZIP \_\_\_\_\_

PHONE (HM) \_\_\_\_\_ PHONE (WK) \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

OCCUPATION \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

REFERRED BY \_\_\_\_\_

LIVING SITUATION:  ALONE  W/SPOUSE  CHILDREN, # \_\_\_\_\_  PARENTS



Significant Medical History \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injuries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgeries \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upcoming Medical Interventions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regular Practitioners \_\_\_\_\_ OB/GYN \_\_\_\_\_

Specialists \_\_\_\_\_ Chiropractor \_\_\_\_\_

OVER



Growing your health... Naturally.

410-274-6376 jenhewat@comcast.net www.wholistichealthcare.net  
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Other \_\_\_\_\_

Prescription Medications \_\_\_\_\_

Supplements \_\_\_\_\_



Sleep Habits \_\_\_\_\_

Exercise Habits \_\_\_\_\_

Religion/Spiritual Practices \_\_\_\_\_

Personal Stressors \_\_\_\_\_

Work Stressors \_\_\_\_\_

Physical State \_\_\_\_\_

Emotional State \_\_\_\_\_

Spiritual State \_\_\_\_\_

Mental State \_\_\_\_\_

Reason for visit \_\_\_\_\_

