Bonnie Heidbrak
RPh, MBA, RMT, CCH, RSHom (NA)
PO Box 1205
Ridgway, CO 81432-1205
970-626-9828
www.IntrinsicVitality.com

New Client Registration

Name:

Age: Birthdate: Sex:

Address:

City: State: Zip Code:

Home Phone: Work Phone:

Email:

Occupation:

Do you have a Skype account and a computer webcam?

Health History

Name:

Date:

Please take a minute and list the main complaint(s) that bring you to homeopathic treatment, as well as any other complaints you are currently suffering or have suffered from in the recent past. These can be mental and/or emotional complaints, as well as physical complaints.

1.

2.

3.

4.

5.

6.

7.

8.

9.

We need to know about your family's medical history (i.e. health issues of parents, brothers and sisters, as well as grandparents). Please mark which of the follow conditions you or any of your relatives have had. Indicate with an "S" for self and an "F" for a family member. For example: Arthritis...F & S or Arthritis... F

Abscesses
Alcoholism
Amnesia
Anxiety
Anemia
Arthritis/gout
Asthma
Autoimmune Diseases

Bleeding
Blood Pressure (high) Hyper
Blood Pressure (low) Hypo

Cancer
Crohn's Disease
Cold Sores

Depression
Diabetes
Drug Addictions

Emphysema
Epilepsy
Gonorrhea

Hay Fever
Headaches, Chronic
Heart Disease
Hepatitis

Herpes

Insanity
Irritable Bowel Syndrome
Kidney/Bladder Disease
Leukemia

Malaria
Measles
Migraine
Miscarriage
Mononucleosis
Mumps

Paralysis
Parasites
Pelvic Inflammatory Disease
Pleurisy
Pneumonia

Rubella
Prostatitis
Rheumatic Fever

Scarlet Fever
Sexual Abuse
Skin Disease
Strep Throat
Sinusitis
Sunstroke

Stroke
Syphilis

Thyroid
Tonsillitis
Tuberculosis
Typhoid

Ulcers
Venereal Disease
Warts
Whooping Cough
Worms
Yellow Fever

Please provide a list all Prescription and Over-the-Counter Medications you are taking and for what condition you are taking them.

Medication name and reason for taking:

1.

2.

3.

4.

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10.

Please list all Vitamins, Herbs and other Supplements and for what condition you are taking them.

1.

2.

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Finally, please list any alternative or conventional therapies that you are currently using. Also include the condition(s) or reason(s) that you utilize them. These might include but is not limited to acupuncture, chiropractic, massage, physical therapy, talk therapy or counseling, or energy work, etc.

1.

2.

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6.

Please list any surgeries or hospitalizations.

1.

2.

3.

4.

5.

6.

Thank you!