

**Dr. Romi Raina ND**

*Naturopathic Doctor*

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**ADULT INTAKE FORM**

Please take time to fill out the following form. It provides a basis for further questions during your visit & helps properly assess your situation. All information is for office use only & will be kept confidential.

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Complete Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Emergency Contact & relationship to patient: \_\_\_\_\_

Emergency Contact Phone number: \_\_\_\_\_

How did you find out about Dr. Romi Raina ND? \_\_\_\_\_

**Health Concerns**

What are your main health concerns? (in order of importance to you)	How long have you had this concern?
1.	
2.	
3.	
4.	
5.	

What is your family doctor's name and where is their office? \_\_\_\_\_

\_\_\_\_\_

State any diagnosis given by MD (if applicable): \_\_\_\_\_

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List any medical treatments and/or medications you're currently taking. Include dosage & duration.

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List any accidents, injuries, & hospitalizations (including type & year of occurrence) \_\_\_\_\_

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List any known allergies (including food, drugs, herbs, environmental, etc) \_\_\_\_\_

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List any supplements you're taking (vitamins, minerals, herbs, etc) \_\_\_\_\_

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List any medical diagnosis that have been given to your family members \_\_\_\_\_

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*Thank you for taking the time to fill out this form.*