



INTAKE FORM Dragonfly Medicine House

Name _____ Date _____

What kind of help do you need?

(Print off this FORM, fill it out and bring it to your Appointment)

Symptoms:

Upper Digestive

Food & Environmental Allergies

Elimination

Any Parasites, Fungus, Mold, Bacteria or Viruses

Immune, Colds & Flus

Respiratory

Eyes, ears, Nose, Throat

Brain, Mind, Head & Spine

Adrenal Energy Levels

Stress Nerves Sleep

Hormonal

Thyroid

Urinary

Hair Skin Nails

Muscles & Joints

Locations of Pain

Type of Diet or any Food Avoidance

Amount of Coffee, Alcohol, Cannabis, Tobacco, Sugar & Water

Type of Exercise & Frequency

Surgeries

Diagnosis by Medical Doctor

Presently seeing a Natural Practitioner-Name

Medications & Over-the-Counter Meds

Natural Remedy Supplement List