

HOLISTIC HEALING ARTS
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Reg. # 708

REACTIVATION INTAKE FORM

Name: _____ Date: _____

Address: (if changed) _____ Email: _____

City: _____ Postal Code: _____ Telephone: _____

Occupation: _____ Employer: _____

Emergency Contact: _____

Name

Telephone Number

Does your insurance cover consultations with a Naturopathic doctor? _____ Remedies Recommended? _____

How can we help you? (what is your health problem?) _____

When did your problem start? _____

What seems to make it better? _____

What seems to make it worse? _____

Are they related symptoms? _____

Are there any other health problems that you would like to have treated?

List in order of importance:

1. _____

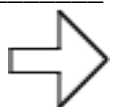
2. _____

3. _____

4. _____

What treatments, medicines, drugs are you taking or have taken? WHEN and for HOW LONG? How did these methods affect you? _____

Turn Over



Operations (surgeries) since last visit?

Give date

What effect did it have on you?

What supplements/natural remedies are you taking now?

What has changed since your last visit? _____

Gotten better? _____

Gotten worse? _____

No difference? _____

(Please indicate painful areas with an "X")

