

# NORTH GEORGIA WELLNESS CLIENT INTAKE FORM

Please print \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Phone number \_\_\_\_\_

Email address \_\_\_\_\_

Chief complaint that brought you here \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you had this issue or issues \_\_\_\_\_  
\_\_\_\_\_

Have you ever had an anaphylactic reaction in your life \_\_\_\_\_ yes  
\_\_\_\_\_ no

If yes to what \_\_\_\_\_

List of medications \_\_\_\_\_  
\_\_\_\_\_

Do you wake up feeling rested \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
\_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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