Jamila Owens-Todd, N.D.
The MERIDIAN INSTITUTE For NATUROPATHIC THERAPIES
8748 Big Bend Boulevard; Webster Groves, Missouri 63119
www.minthealth.org | info@minthealth.org

Patient Intake Form

Please fill out the form as completely as possible in order for optimal health results. Thank you.

PERSONAL INFORMATION

NAME: _____

BIRTH DATE: _____ GENDER: _____

HEIGHT: _____ WEIGHT: _____

ADDRESS: _____

CITY/STATE : _____ ZIP:_____

PHONE : (home)_____(work)_____(mobile)_____

EMAIL: _____

OCCUPATION: _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE: _____

HOME

WHO LIVES IN THE HOME WITH YOU? (include parents/guardian, siblings, etc):

_____

ARE THERE ANY PETS IN THE HOME? (if yes please list how many and types): _____

_____

ARE THERE ANY SMOKERS IN THE HOME? (if yes please list how many):

_____

IS THE HOME CARPETED? _____ HOW IS THE HOME HEATED? _____

HOW WOULD YOU DESCRIBE YOUR HOME ENVIRONMENT? _____

_____

Dr. Jamila Owens-Todd
The MERIDIAN INSTITUTE For NATUROPATHIC THERAPIES
www.minthealth.org
info@minthealth.org

Patient Intake Form

CHIEF HEALTH CONCERN (please be very specific, indicating side of body, duration and onset)

_____

_____

_____

SECONDARY HEALTH CONCERN _____

ADDITIONAL HEALTH CONCERNS _____

PLEASE LIST OTHER MEDICAL PRACTITIONERS: _____

_____

_____

MEDICAL HISTORY (list any and all medical conditions, operations and hospital interventions)

_____

_____

_____

Please list the frequency for all conditions below:

- □ Fevers _____
- □ Coughs/Colds _____
- □ Allergies _____
- □ Asthma _____
- □ Ear infections _____
- □ Chicken pox _____
- □ Measles _____
- □ Mumps _____
- □ Seizures _____
- □ Other _____

Dr. Jamila Owens-Todd
The MERIDIAN INSTITUTE For NATUROPATHIC THERAPIES
www.minthealth.org
info@minthealth.org

Patient Intake Form

RECENT OR PAST TRAUMA (injuries, accidents etc.)

_____

_____

VACCINATIONS (please check the vaccination and write the date performed and if there were any reactions ie, cough, rash, colic, etc.)

- □ HepB#1 DATE _____ Reactions? _____
- □ HepB#2 DATE _____ Reactions? _____
- □ HepB#3 DATE _____ Reactions? _____
- □ DTaP DATE _____ Reactions? _____
- □ Td DATE _____ Reactions? _____
- □ Hib DATE _____ Reactions? _____
- □ IPV DATE _____ Reactions? _____
- □ MMR#1 DATE _____ Reactions? _____
- □ MMR#2 DATE _____ Reactions? _____
- □ Varicella DATE _____ Reactions? _____
- □ PCV DATE _____ Reactions? _____
- □ PPV DATE _____ Reactions? _____
- □ Influenza DATE _____ Reactions? _____
- □ Hepatitis A DATE _____ Reactions? _____

CURRENT MEDICATIONS and/or SUPPLEMENTS

_____

_____

_____

FAMILY HISTORY (list any and all medical conditions, operations and hospital interventions)

_____

_____

_____

Dr. Jamila Owens-Todd
The MERIDIAN INSTITUTE For NATUROPATHIC THERAPIES
www.minthealth.org
info@minthealth.org

Patient Intake Form

DIET (record what you consumed yesterday or list what you normally consume in one day)

BREAKFAST _____

SNACK _____

LUNCH _____

SNACK _____

DINNER _____

SNACK _____

BEVERAGES (please list favorites and most consumed)

_____

HOW MUCH BEVERAGE IN ONE DAY?

_____

FAVORITE FOODS

_____

FOODS MOST CRAVED

_____

SOCIAL LIFE

DO YOU HAVE A SOCIAL NETWORK (friends, family or co-workers?

_____

HOW MANY SOCIAL OUTINGS DO YOU ATTEND PER MONTH?

_____

HOBBIES/PAST-TIME:

_____

_____

SPIRITUAL LIFE

DO YOU BELIEVE IN A HIGHER BEING? _____

DO YOU MEDITATE OR PRAY? _____

DO YOU FOLLOW A RELIGION? _____ IF SO, PLEASE LIST _____

IF SO, DO YOU ATTEND ANY RELIGIOUS SERVICE REGULARLY? _____