

Holistic Hannah

Dear Potential Client,

Welcome! I am so glad you have decided to embark on a more natural approach to your overall health. Before you begin this packet, I want to share some things with you about the naturopathic journey.

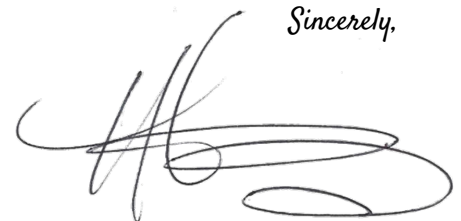
Everyone that is interested in beginning this process has their own reasons. Some people want to stop using certain prescription medications, while others want to avoid starting prescription medications. Some of us have a lot of experience in natural choices; some do not. The only requirement to a more natural approach in your lifestyle is a true devotion to yourself, and your overall health and healing. Naturopathy, unlike traditional western medicine, is not an "instant gratification" process or treatment. Holistic healing and health are accomplished through many avenues. Some of these paths include dietary changes, some include perspective changes, but all require dedication, time, and personal investment.

Attached to this letter is a packet of several pages. All clients must complete and return this intake packet, before scheduling an appointment. Some pages will require a physical hand signature. The pages that follow are going to ask you about every section of your life: your home life, your job, your personal life, your happiness, and etc. These questions may seem irrelevant to your current health issues or goals, or even lengthy or exaggerated, but this intake packet is the first step in a journey to better health that requires an immense commitment on your behalf. As your practitioner, it is extremely important that I have a very well rounded view into your life, habits, and feelings. Often times our happiness is portrayed and reflected in our health. While filling out this packet, just try to answer each question honestly and completely.

Lastly, I want each of you to know that the naturopathic expedition is not a treatment; it is a lifestyle. It involves you taking control and initiative, via your own choices, to overcome barriers and achieve physical and emotional happiness and holistic health. Naturopathy calls on you to exercise discipline and perseverance. It does not recognize the quick fixes granted by chemical treatments, nor does it carry the baggage of chemical side effects. This process will require digging deep into the root causes of hindrances blocking you from your objectives, and embracing your own power and ability to affect change in your state of being and existence.

Only you can make the changes in your life that are necessary to see results. When you are ready, I would be privileged to provide you the information, treatment options, and encouragement needed to take over your own health, and conquer it. Again, welcome!

Sincerely,

A handwritten signature in black ink, appearing to read 'Hannah Turney-Zapata'. The signature is fluid and cursive, with a large initial 'H' and a long, sweeping underline.

Hannah Turney-Zapata, NHD

What do you expect to take from this initial visit?

What are your long term expectations for these consultations?

Medical History

Describe your general state of health: Excellent Good Fair Poor

What is your blood type? _____

Indicate any serious conditions, illnesses, injuries, surgeries, or hospitalizations, along with the approximate dates of these occurrences:

Current Medications & Supplements List prescriptions, herbs, OTCs, & etc.		

Previous Medications & Supplements List prescriptions, herbs, OTCs, & etc.		

How often do you use any of the following and in what dosages?

Aspirin
Alcohol
Caffeine
Diet Pills
Hormone Therapy
Laxatives
Pain Relievers
Recreational Drugs
Tobacco

Estimate how many times you have been treated with antibiotics: _____

Estimate your stress level on a scale from 1-10, with 1 being the lowest and 10 being the highest possible stress: _____

Do you have trouble falling asleep? Y N

Do you have trouble staying asleep? Y N

Allergies, Sensitivities, & Intolerances	What reaction occurs when you are exposed to this substance?
1.	
2.	
3.	
4.	

Have you ever had any of the following conditions? If so, select “C” for “currently” or select “P” for previously.

Painful Breathing	Alcoholism	Diabetes	Heart Disease	Pleurisy	Typhoid Fever
STD: _____	Anemia	Diphtheria	Influenza	Pneumonia	Scarlet Fever
Ulcers	Appendicitis	Eczema	Malaria	Polio	Fatigue
Whooping Cough	Emphysema	Measles	Obesity	Hypertension	Rheumatic Fever
Arthritis	Epilepsy	Miscarriage	Hemorrhoids	Heart Attack	Fever Blisters
Cancer	Mononucleosis	Shingles	Digestive Issues	Insomnia	Chorea
Muscular Sclerosis	Goiter	Stroke	Kidney Stones	Depression	Cold Sores
Gout	Mumps	Tuberculosis	Migraines	Warts	Liver Disease

Family History

Please indicate which of the following diagnoses are in your family	Relation, example: mother, father, brother, etc.	Severity & Length of time with illness
Alcoholism		
Allergies		
Asthma		
Cancer		
Diabetes		
Mental Illness		
Depression		
Heart Disease		
Hypertension/ High Blood Pressure		
Kidney Disease		
Liver Disease		
Other: _____		

Dietary Intake Norms

Do you have any dietary restrictions? (medical, religious, vegetarianism, or etc.) If so, please describe below:

Describe your food and beverage intake during a typical day, including snacks and average times.

Breakfast: _____

Lunch: _____

Dinner: _____

Snacks: _____

Home & Work Environments:

Is your home environment well ventilated? Y N Excessively moist? Excessively Dry?

Is your work environment well ventilated? Y N Excessively moist? Excessively Dry?

Are you married, divorced, single, or in a long term relationship? _____

Do you have children? Y N If so how many? _____

Are you happy at home? Y N

Why or why not?

How would you describe your family relationships?

How would you describe the emotional climate in your home?

Do you enjoy your occupation? Are you passionate about your work, or is it a job that you feel you must do in order to make a living and provide for yourself and your family?

How would you describe your relationship with your coworkers?

Does your income meet your monthly expenses? Y N

How stressful is your work? How do you handle these stresses?

Do you exercise often? If so, what do you do for exercise, and how frequently?

Do you ever meditate? If so, how frequently?

What are your hobbies or personal interests?

Do you make time for rest and relaxation during the day and/or before going to bed? How do you relax?

Are you exposed to significant smoke levels at home or work? _____

Have you ever been exposed to toxic chemicals, solvents, or other possible bio toxins?

Males Only

Have you ever had any of the following conditions? If so, select "C" for "currently" or select "P" for previously.

Prostate Issues	Painful Erections	Testicle Pain	Testicle Swelling	Testicle Lumps	Lack of Desire
Premature Ejaculation		Difficulty with erection		Infertility	Sexually Active

Have you ever had a prostate exam? Y N Date of your last prostate exam? _____

What kind of contraception do you use, if any? _____

Females Only

Have you ever had any of the following conditions? If so, select “C” for “currently” or select “P” for previously.

Lumps in Breast	Nipple Discharge	Painful Sex	Breast Pain	Lack of Sexual Desire	
Pelvic Pain	Vaginal Discharge	Genital Eruptions	Self-Examine Breasts	Difficulty feeling sex or being aroused?	
Vaginal Itching	Vaginal Burning	Excessive Menstruations		Never/Seldom Orgasms	
Spotting or Bleeding between Periods		Absent Menstruations		Sexually Active	Chemical Birth Control

Have you had a mammogram? If so, when was your last mammogram? _____

If you are sexually active, what kind of contraception do you use, if any? _____

Did you have any side effect with this contraception method? If so: _____

Did you have a normal puberty? Y N Age at first menstruation? _____

Is your cycle regular? Y N Periods occur every _____ days and usually last _____ days.

Date of your last period? _____ Have you gone through menopause? Y N

Date of your last pap smear? _____ Was it normal? _____

Have you ever had any issues with infertility? _____

Please list the number of the following:

Pregnancies:	Births:	Miscarriages:	Abortions:	Stillbirths:
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Did you have any pregnancy complications? _____

General Questions

What makes you angry?

Do you get angry easily or often? _____

How do you express your anger?

What makes you sad?

Do you cry when you are sad? _____ Do you cry easily or often? _____

Would you rather be left alone when sad or consoled? _____

Do you find that consolation helps when you are sad? _____

Have you experienced major incidents of grief or loss in your life?

Do you have any fears or phobias? _____

Is your present sex life satisfactory? _____

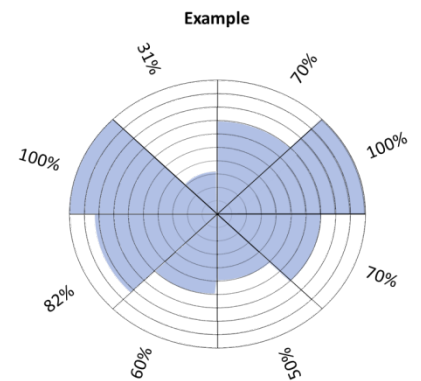
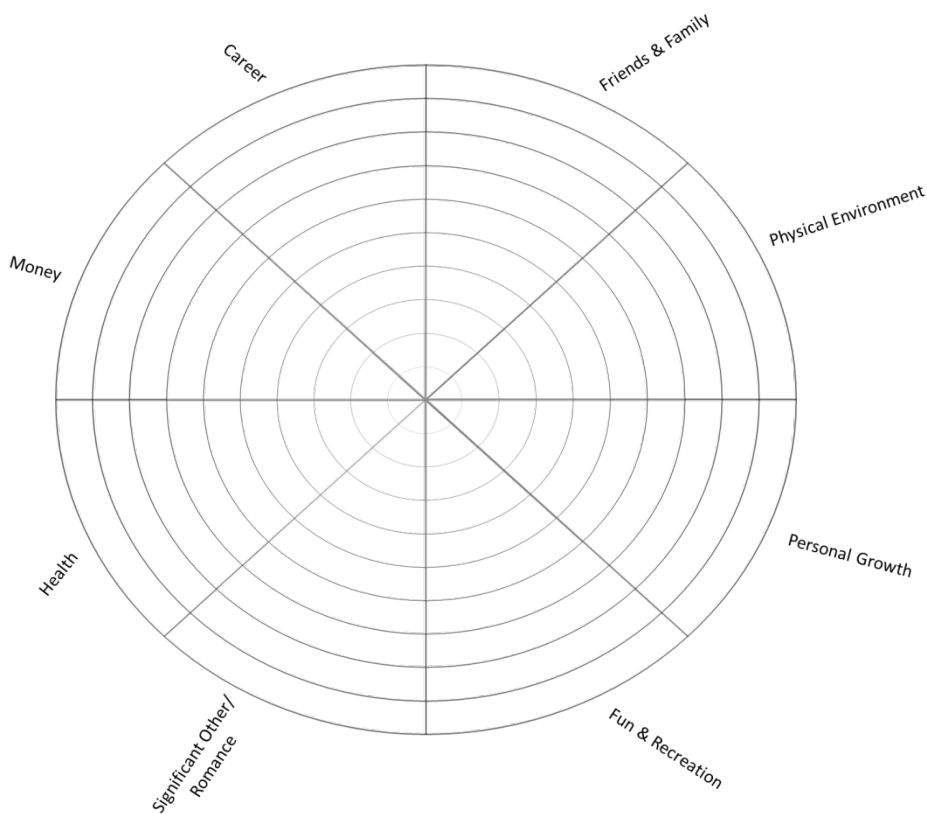
Have you experienced any physical abuse in your past? _____

Have you experienced any sexual abuse in your past? _____

Please provide a brief description of yourself:

Wellness Wheel

Wellness is a balance of several areas of our lives. Using the chart below, shade in the percentage of satisfaction you have in each area as it relates to your life. Each layer represents 10% of 100, or holistic, satisfaction. Shade in each section, beginning at the center of the circle, or 10%. Shade a section completely if you are 100% satisfied in that area. You can leave no sections shaded to represent 0%.





Authorization/ Consent Form

I am releasing any medical information from my medical provider concerning my present conditions to: Hannah Turney-Zapata, NHD

I additionally allow her to release any information to my medical provider(s) listed below:

I understand that payment is due at the time of booking. Holistic Hannah does not bill insurance. If I believe my insurance will cover this visit, I will file a claim directly with my insurance company. If my insurance does not cover this visit, or if I am uninsured, payment is my responsibility.

Hannah Turney-Zapata, NHD is a naturopathic health consultant. It is her goal to educate each client on healthier lifestyle choices and natural or herbal remedies and supplements that may be helpful to the client’s specific situation. Hannah Turney-Zapata, NHD does not diagnose or cure any disease processes, and is not an allopathic physician.

I understand my records are kept private. Holistic Hannah is unable and will not release my records to anyone without my expressed and written consent on file.

I, _____, understand the above paragraphs, and sign below agreeing that I understand and agree fully to the terms above.

Name

Date

Signature

