



Trilera Holistic Care, LLC.  
[www.trileraholisticcare.com](http://www.trileraholisticcare.com)

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## Intake Form

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

GENDER: \_\_\_\_\_

Medical History (Circle One): Diagnosed Illness / No Diagnosed Illness

(If illness, please explain: Type, year diagnosed and any current treatments)

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Medications (including supplements):

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Daily Water Intake by oz: \_\_\_\_\_

Daily Exercise (circle): Active / Moderate / Sedentary

Time and food consumed for breakfast this morning: \_\_\_\_\_

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Did you sign the online consent/waiver (Circle): YES or NO