



Trilera Holistic Care, LLC.
www.trileraholisticcare.com

Hilton Head/Bluffton * 808-339-8859 * trileraholisticcare@gmail.com

INTAKE FORM

DATE: _____

NAME: _____

AGE: _____

BORN GENDER: _____

Chief Complaint: _____

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

If Diagnosed Illness, please explain illness and any treatments: _____

Are you currently under a doctor's care? Who: _____

Is this your first time seeing a Naturopath? If not, who was the last Naturopath

you have seen: _____

Medications (including supplements): _____

Daily Water Intake by oz: _____

Daily Exercise (circle): Active / Semi-Active (2-3 times a week)/Sedentary

Time and food consumed for breakfast this morning: _____

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