

Anchor Wellness Jennifer Vettor R.H.N.

519-835-9856
jennifer@anchorwellness.com

Intake Form

Name: _____

Date: _____ Age: _____ Gender: _____

Current Weight: _____ Height: _____

What is your purpose for this visit? Health Concerns? _____

Have you ever been diagnosed with an illness related to your main health concerns? _____

Are you currently taking any medication? Yes _____ No _____

Please List and provide reasons: _____

Please list any vitamins, minerals, herbal or homeopathic remedies you are currently taking and the amount/dosages: _____

Do you experience any symptoms if you miss meals? Explain: _____

I understand and acknowledge that these recommendations are restricted to consultation on the health matters intended for general well-being, and are not meant for the purpose of medical diagnosis, treatment or prescribing of medicine for disease, or for the purpose of performing a licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

Date: _____

Signature: _____

Email: _____(please print clearly)

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: (H) _____ (B) _____