

Ruinard Natural Health Center, LLC

www.PowerInHealth.com

New Patient Intake Form

Date: _____

Name: Last _____ First _____ Middle _____		
Date of Birth: ____/____/____ Age: ____ Gender: (Check) F ____ M ____		
Marital Status: (Check) Single ____ Married ____ Divorced ____ Widowed ____		
Address: _____ City _____ State _____ Zip _____		
Telephone: (Cell) _____ (Home) _____ (Work) _____		
Email Address: _____		
May we contact you via email? Yes ____ No ____		

In case of an Emergency, Notify: _____ Relationship: _____	
Telephone: _____	
Name of your primary physician: _____ Telephone: _____	
Address of your primary physician: _____ City: _____ State: _____	
Referred by: _____	



List your health concerns in order of importance:

- 1) _____
- 2) _____
- 3) _____

Family History

	Father	Mother	Siblings	Grandparents	Spouse	Children
Age at death:	_____	_____	_____	_____	_____	_____
Reason for death:	_____	_____	_____	_____	_____	_____
Cancer Type:	_____	_____	_____	_____	_____	_____
High Blood Pressure:	Y N	Y N	Y N	Y N	Y N	Y N
Heart Attack/Stroke:	Y N	Y N	Y N	Y N	Y N	Y N
Heart Disease:	Y N	Y N	Y N	Y N	Y N	Y N
Asthma/Allergies:	Y N	Y N	Y N	Y N	Y N	Y N
Mental Illness:	Y N	Y N	Y N	Y N	Y N	Y N
TB:	Y N	Y N	Y N	Y N	Y N	Y N

Ruinard Natural Health Center, LLC

2

Ruinard
Natural Health Center, LLC
www.PowerInHealth.com

Auto-Immune Disease:	Y N	Y N	Y N	Y N	Y N	Y N
Diabetes Mellitus:	Y N	Y N	Y N	Y N	Y N	Y N
Osteoporosis:	Y N	Y N	Y N	Y N	Y N	Y N

.....

LMP: _____

Allergies

List all known Allergies (Drugs, food, environmental): _____

List All Surgeries & Hospitalizations, including date occurred:

- | | |
|----------|----------|
| 1) _____ | 4) _____ |
| 2) _____ | 5) _____ |
| 3) _____ | 6) _____ |

Did you have the following Disease (D), Get Immunized (I), or Neither (N):

Measles: D I N	Chicken Pox: D I N	Hemophilus (Hib): D I N
Rubella: D I N	Tetanus: D I N	Whooping Cough: D I N
Mumps: D I N	Hepatitis B: D I N	

Any vaccination reactions: _____

List all Prescription Medicines, Nutrient Supplement/Herbs that you are taking including dosage:

Circle (Y) Yes, (N) No or (P) Past as it pertains to of the following:

Antacids: Y N P	Steroids: Y N P	Smoking: Y N P	Packs/day, # of years: _____
Analgesics: Y N P	Laxatives: Y N P	Coffee: Y N P	Cups/day, if Yes: _____
Recreational Drugs: Y N P	Soda Pop: Y N P	Ounces/day, if Yes: _____	

Ruinard
Natural Health Center, LLC
 www.PowerInHealth.com

Patient Name: _____

DOB: _____

Drug Addiction: Y N P

Alcohol: Y N P How often & how much if Yes: _____

Drug Treatment: Y N P

Alcohol Addiction: Y N P

Alcohol Treatment: Y N P

Good Energy: Y N P

Fatigue: Y N P

If you have fatigue, when in morning, afternoon, evening is it the worst? _____

If you have fatigue, can you do what you need to during the day? Y N P

Exercise

How often and how long do you exercise? _____

Sleep

How many hours do you sleep per night? _____ If you wake up frequently, what is the reason? _____

Review of Systems:

IN THISSECTION: Circle (Y) Yes, if the condition CURRENTLY exist, (N) No, if there is no history of the condition, (P) Past, if there is a past history of the condition.

SKIN

Rash:	Y N P		Color Change:	Y N P
Hives:	Y N P		Lump:	Y N P
Psoriasis/eczema:	Y N P		Itchy:	Y N P
Dry:	Y N P		Warts/moles:	Y N P
Cancer:	Y N P		Perspiration:	Y N P

Ruinard Natural Health Center, LLC

4

Ruinard
Natural Health Center, LLC
 www.PowerInHealth.com

HEAD

Headache:	Y N P		Migraine:	Y N P
Dandruff:	Y N P		Head Injury:	Y N P
Oil/dry hair:	Y N P		Hair loss:	Y N P

NOSE

Frequent Colds:	Y N P		Nosebleeds:	Y N P
Congestion:	Y N P		Post Nasal Drip:	Y N P
Polyps:	Y N P		Seasonal Allergies:	Y N P

EYES

Dry/Watery:	Y N P		Blurry Vision:	Y N P
Double Vision	Y N P		Cataracts:	Y N P
Glaucoma:	Y N P		Styes:	Y N P
Strain:	Y N P		Discharge:	Y N P
Itchy:	Y N P		Dark under Eyelid:	Y N P

MOUTH/THROAT

Canker sores:	Y N P		Cold sores:	Y N P
Sore Throat:	Y N P		Gum disease:	Y N P
Dentures:	Y N P		Cavities:	Y N P
Loss of taste:	Y N P		Hoarseness:	Y N P

NECK

Stiffness:	Y N P		Swollen Glands:	Y N P
Full movement:	Y N P		Tension:	Y N P

Ruinard Natural Health Center, LLC

Ruinard

Natural Health Center, LLC

www.PowerInHealth.com

RESPIRATORY

Cough:	Y N P		TB:	Y N P
Shortness of breath w/ exertion:	Y N P		Bronchitis:	Y N P
Shortness of breath sitting:	Y N P		Pneumonia:	Y N P
Shortness of breath lying down:	Y N P		Asthma:	Y N P
Wheezing:	Y N P		Painful breathing:	Y N P

CARDIOVASCULAR

High Blood Pressure:	Y N P		Rheumatic Fever:	Y N P
Low Blood Pressure	Y N P		Murmurs:	Y N P
Arrhythmias:	Y N P		Palpitations:	Y N P
Edema:	Y N P		Chest Pain:	Y N P

URINARY TRACT

Incontinence:	Y N P		Pain w/ Urination	Y N P
Frequent Infections:	Y N P		Kidney Stones	Y N P
Urgency:	Y N P		Discharge/Blood:	Y N P

GASTROINTESTINAL

Heartburn:	Y N P		Bowel Movement Freq:	
Indigestion:	Y N P		Recent BM Change:	Y N P
Bloating:	Y N P		Diarrhea/Constipation:	Y N P
Nausea:	Y N P		Hemorrhoids:	Y N P
Vomiting:	Y N P		Gall Bladder Disease	Y N P
Change in Appetite:	Y N P		Liver Disease:	Y N P
Pancreatitis:	Y N P		Ulcer	Y N P

MALE GENITALIA

Testicular pain/swelling:	Y N P		Sexually Active:	Y N P
Hernia:	Y N P		S.T.D.:	Y N P
Discharge:	Y N P		Prostate Disease/Symptoms:	Y N P
Impotency:	Y N P		Sexual Orientation	

Ruinard Natural Health Center, LLC

333 N. Dobson Rd Suite 5, Office 139 ♦ Chandler, AZ 85224 ♦ www.PowerInHealth.com ♦ P:602.628.8626 ♦

6

Ruinard
Natural Health Center, LLC
www.PowerInHealth.com

Patient Name: _____ **DOB:** _____

FEMALE GENITALIA

Age Period Began:			How Often Period Occurs:	
How long period lasts:			Heavy menstrual bleeding:	Y N P
Menstrual cramping:	Y N P		Menstrual Pain:	Y N P
PMS:	Y N P		Food cravings:	Y N P
Times Pregnant:			How many births:	
Miscarriages:			Abortions:	
Last Pap Smear:			Sexual Orientation:	
Any abnormal paps:	Y N P		When was abnormal:	
Menopausal since what age:			Use of hormones:	Y N P
Type of hormones used:			Healthy libido:	Y N P
Dry vagina:	Y N P		Sexually Active:	Y N P
Pain w/ Intercourse:	Y N P		Vaginitis:	Y N P
S.T.D.:	Y N P		Mammography:	Y N P
Bone Density Test:	Y N P		If Yes, what were results:	

MUSCULOSKELETAL

Weakness:	Y N P		Arthritis:	Y N P
Stiffness:	Y N P		Leg Cramps:	Y N P
Tremors:	Y N P		Pain:	Y N P

NERVOUS

Paralysis:	Y N P		Sciatica:	Y N P
Tingling/numbness:	Y N P		Carpal tunnel syndrome:	Y N P
Seizures:	Y N P		Fainting:	Y N P

Mental/Emotional

Depression:	Y N P		Anger/irritability:	Y N P
Suicidal:	Y N P		High-strung/tense:	Y N P
Anxiety:	Y N P		Fear/Panic	Y N P
Eating disorder:	Y N P		Psych Hospitalization:	Y N P

Ruinard Natural Health Center, LLC