INTAKE FORM (MSA TESTING)

Please complete this form, print it and bring it with you to your appointment or email it to:
pennyormsbeehfx@gmail.com

Personal Information

Today's Date: Date of Birth:

Name:

Occupation:

How did you hear about me?

Have you had MSA Testing done in the past?

What are your main health concerns in order of importance to you personally:

1.

2.

3.

Current Health History

What other therapies are you currently using? (Please check all that apply)

☐ Exercise ☐ Supplements ☐ Naturopathic Doctor ☐ Chiropractor

☐ Diet ☐ Meditation ☐ Medical Doctor ☐ Acupuncture

☐ Massage ☐ Osteopathy ☐ Other:

What level of stress do you feel you are experiencing at this time in your life? (Check One)

☐ Minimal ☐ Average ☐ Considerable ☐ Unbearable

How well do you handle stress?

Medication and Supplement History

Please list all supplements and medications you are currently taking:

Medication/Supplement	Dosage	Since	Reason

Penny Ormsbee, RHN – Registered Holistic Nutritional Consultant
(902) 431-2326 pennyormsbeehfx@gmail.com www.pennyormsbee.ca

Dietary Habits

On a typical day, what would you eat for each of these meals?

Breakfast:

Lunch:

Dinner:

Snacks:

How much water do you consume daily?

What foods do you crave, if any?

Is there anything else about your health that you would like to share with me?

Client Statement

I understand and acknowledge that the services hereby provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnoses, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily. All information will be kept strictly confidential.

Name (Please print):

Address:

City: Province: Postal Code:

Phone: (Mobile) Other Daytime:

Email:

Subscribe to Newsletter? Yes Please ☐ No Thanks ☐

Signature:

(Please bring all medications and supplements with you for testing – and please note: I will be testing acupuncture points on the fingers and toes)

Thank you. I look forward to working with you.

Please note: You are not a good candidate for sensitivity testing if you are pregnant, have a pace-maker, or are under four years of age.

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