



# Vitality Natural Health and Wellness Center, LLC

"Promoting health and wellness through enhancement of the mind, body and spirit."

## PATIENT INTAKE FORM

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last, First, Middle Initial) (Month/Day/Year)

Social Security Number: \_\_\_\_\_ Sex: Male / Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

May we leave confidential messages for you at any of the above numbers? Yes / No (Specify): ☐ Home ☐ Work ☐ Cell

Email Address: \_\_\_\_\_ May we contact you by email? Yes / No

Primary Care Physician: \_\_\_\_\_ Physician's Phone: (\_\_\_\_) \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Marital Status (Please circle one): Single Married Separated Divorced With Partner Widow

Name of Spouse (or parent/guardian if a minor): \_\_\_\_\_

Whom may we contact in case of an emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Emergency Contact #: (\_\_\_\_) \_\_\_\_\_

How did you hear of us? (Please circle one):

Yellow Pages Newspaper Radio/TV Internet Sign/Flyer Informational Talk Word of Mouth Other: \_\_\_\_\_

Were you referred by another patient? Yes / No

Were you referred by a physician? Yes / No

If you answered "yes" to either of the above questions would you provide us with as much information as possible so that we may thank them for referring you to us at Vitality Natural Health and Wellness Center.

Referring Patient/Physician's Name: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Patient's Signature

Parent/Guardian's Signature

Date