

Intake Form
Jeff R. Harris N.D.

Today's Date: _____

Patient Information

Patient Name: _____ Date of Birth: _____

Home address: _____

_____ Male Female

Contact Information

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

If you would like to receive my e-mail newsletter please check here:

Relatives and Emergency Contact

Name of Spouse or Partner: _____ Name of Parent or Guardian: _____

Person to Notify in case of an emergency: _____ Relationship to patient: _____

Phone: _____

Cell: _____

Who referred you or how did you find out about this office:

Current Health Description — Please complete this form being as specific as you can. Please list your health problems or concerns

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Severe Allergies (Drugs, Bees...): _____

Allergic to or have problems with Procaine or Dental anesthetics?

Yes No Don't know

Medications you take and dosage: _____

Supplements you take
(Vitamins, Herbs, other): _____

Homeopathy — Do any of the following describe you or how you feel? Please **check the boxes that apply** and if possible indicate by a star which is the strongest for you.

- A.** The feeling is of an acute threat and the reaction is strong and instinctive. You must struggle in order to recover or maintain your position. **Panic.**
- C.** There is a feeling of weakness and incapacity within, and the need to perform exceedingly well and live up to very high expectations. The reaction is a superhuman effort, stretching beyond the limits of your capacity. It is continuous, prolonged struggle which seems to have no end. Your survival depends on it, for failure would mean death and destruction. **Perfection.**
- L.** The feeling is of intense oppression, intense hopelessness, isolation and an intense desire for change. **Isolation.**
- M.** There is an acute feeling of threat that comes up intermittently, in phases, between which there is an underlying chronic, fixed feeling of being deficient. This is characterized by sudden, acute manifestations that come up from time to time, followed by periods of quiescence. **Periodic.**
- P.** The feeling is that of a difficult situation where one has to struggle in order to succeed. There is anxiety with doubts about your ability, but you are hopeful and failure does not mean the end of the world. **Struggle.**
- R.** It is characterized by an alternation between periods of struggle with anxiety about success, and periods of despair and giving up. **Trying.**
- S.** The feeling is that you are faced with a situation beyond salvage, leading to complete hopelessness and despair. In a desperate effort, you try to change the situation and the result is usually destruction. **Destruction.**
- Sc.** The feeling is that there is a fixed, irremediable weakness within the self. The action is to attempt to cope with it and hide it from others; hence you cover it up with egotism, compulsive acts, are very secretive. **Fixity.**
- T.** The feeling is of intense oppression and a desire for change. The reaction is intense, hectic activity in order to break free from this oppression. **Change.**
- Ty.** The feeling is that of a critical situation which, if properly handled for a critical period, will end in total recovery. Your reaction is an intense struggle against it. **Critical.**

Miscellaneous

Alcohol intake: _____ Tobacco: _____

Caffeine: _____ Recreational drugs: _____

Describe cravings _____

Fears past and present: _____

Recurring dreams: _____

Vaccination history	Date	Reaction to Vaccination? Please describe:
DPT (Diphtheria, Pertussis, Tetanus)	_____	_____
MMR (Measles, Mumps, Rubella)	_____	_____
Small Pox	_____	_____

Chicken Pox

Hepatitis A

Hepatitis B

Flu Vaccine

Polio

Other:

Vaccinated in Military Service:

Yes

No

Surgery history — Please List All Surgeries

Age

Complications?

List of common surgeries:

- Adhesions
- Amputation
- Apnea Surgery
- Appendectomy
- Brain Surgery
- Breast (Implants, Biopsy, Reduction)
- Bunionectomy
- Caesarian Section (C-Section)
- Cholecystectomy (Gall Bladder Removal)
- Colectomy (Removal Of Part Of The Colon)
- Cosmetic Surgery (Implants, Injections, Other)
- Dilation And Curettage (D & C)
- Ear (Tubes, Elective, Endocrine Surgery, Thyroidectomy, Parathyroidectomy)

- Episiotomy (Pelvic Floor Before Childbirth)
- Gastroesophageal Reflux
- Hair Transplant
- Heart Surgery
- Hemorrhoidectomy
- Hernia Surgery
- Hydrocele
- Hysterectomy (Abdominal, Vaginal, Total, Partial)
- Joint Surgery (Knee, Shoulder, Fingers, Hand, Feet, Hip)

- Laparoscopy Or Laparoscopic Surgery (Abdominal Pelvic, Hernia Repair, Gall Bladder...)
- Liposuction
- Mastectomy
- Oncology Surgery (Cancer)
- Oral Surgery (Uvuloplasty, Tonsillectomy, Adenoid Removal, Implant, Extraction, Jaw, Gum, Wisdom Teeth, Removal)
- Peripheral Vascular Surgery (Bypass, Stint)
- Plastic Surgery (Face Lift, Eye Lift, Chin Lift, Brow Lift, Nose, Rhinoplasty, Implants, Liposuction, Tummy Tuck, Collagen Injections, Botox)

- Reconstructive Surgery (For Congenital Defects, Scar Tissue, Due To Trauma)
- Scar Revision
- Skin (Grafts, Warts, Moles, Biopsy, Cut, Frozen, Burned, Skin Tag)
- Snoring Surgery (Uvulaectomy)
- Spine Surgery (Back, Neck, Tail Bone)
- Sports Surgery (From Injury)
- Tubal Ligation
- Tummy Tuck
- Varicose Veins
- Varicocele Repair
- Vasectomy
- Vasectomy Reversal

Dental Surgeries:

- Implants
- Root Canals
- Jaw
- TMJ/TMD
- Reconstruction
- Palate
- Roof Of Mouth
- Gum
- Tonsils
- Adenoids
- Tongue
- Piercing

Scars — Please list all scars

Age

Stitches?

Yes No

Yes No

Yes No

Yes No

List of Common Scars:

- Scars: Sports Injuries
- Piercings
- Keloids
- Hypertrophic Scars
- Contractures
- Acne
- Chicken Pox
- Small Pox Vaccine
- Vaccination With Multi-Dose Gun
- Cut With Glass
- Step On Nail
- Barbed Wire
- Hit With Rock
- Cut With Knife
- Smashed With Hammer
- Splinter
- Ring Cut From Punch
- Split Lip
- Braces Cut Inside Mouth
- Face Into Windshield Of Car
- Burns
- Sunburns
- Wounds
- Scrapes
- Tattoos
- Scarification
- Pinched.

Chronic and repeating problems

Age

List of Common Chronic And Repeating Problems :

- Urinary Tract Infections
- Yeast Infections
- Pneumonia
- Asthma
- Bowel Problems (Diarrhea, Constipation, Irritable Bowel, Colitis)
- Headaches
- Pains That Come And Go (Give The Location)
- Back Pain
- Back Problems
- Joint Pain
- Tooth Pain
- Tooth Problems
- Sciatica
- Colds
- Flu
- Stomach Pain
- Cough
- Bronchitis
- Pain,

Psychological Traumas/Addictions

Age

List of Common Psychological Traumas/Addictions:

- Psychological Traumas: Abuse
- Rape
- Childhood
- Spanking
- Divorce
- Frequent Arguments
- Difficult Or Abusive Relationships
- Slow Or Late Onset Of Puberty
- Suicide Attempts
- PTSD (Post Traumatic Stress Disorder)
- Stress
- Burnout
- Eating Disorders
- Grief
- Loss
- Add
- ADHD
- Anxiety
- Depression
- Addictions
- War
- Shock

Pelvic History (Births, STD's, etc)

Age

List of Common Pelvic Histories:

- Childbirth
- Sexually Transmitted Diseases
- Gonorrhea
- Syphilis
- Warts
- Herpes
- Chlamydia
- Yeast Infections
- PID (Pelvic Inflammatory Disease)
- Fibroids
- Irregular Periods
- Infertility
- BPH (Enlarged Prostate)
- Prostatitis
- Frequent Sexual Partners
- Many Sexual Partners
- Erection Difficulties (Pain, Impotence, Scaring)
- Decreased Sexual Desire
- Few Or No Orgasms
- Painful Orgasms
- Painful Sexual Relations
- No Difficulties And Enjoyable Sexual Relations.

Toxic Materials Exposure

Age

List of Common Toxic Materials Exposure:

- Agriculture
- Art
- Asbestos
- Auto manufacturing
- Auto repair
- Auto body
- Chemicals
- Construction
- Dentist
- Dissection
- Dry cleaning
- Electronics
- Farming
- Foundry
- Hairdressing
- Mining
- Mortician
- Painting
- Pesticides
- Photography
- Photocopy business
- Pottery
- Printing
- Printmaking
- Plastics
- Ship repair
- Silk screening
- Staining
- Work in building where windows don't open (sick building syndrome)
- EMF (Electromagnetic Frequencies from cell phones Cell towers, Computers, Stove, Refrigerators, Cars, Clock radios and all electrical appliances and bulbs that are not shielded.)

Sensitivities (Medication, Food, EMF)

Age

Travel or Live Outside of USA

Age

Travel or Live Outside of USA: This helps to understand what you have been exposed to on different Continents.

- Allergies (Medication)
- Food
- Nutrients
- Pollen
- Other): Drugs Of Any Kind
- Hay Fever
- Wheat
- Dairy
- Corn
- Eggs
- Soy
- Peanuts
- Seafood
- Strawberries
- Latex
- Animal Fur
- Odors
- Skin
- Seasonal
- Bee Sting
- Insect Bites
- Mold
- Airborne
- Dust Mites
- Chemicals
- Food Colorings
- Food Preservatives
- Semen
- Contraceptives (Foams)
- Jellies
- Creams
- Lubricants)

Treatment for Parasites:

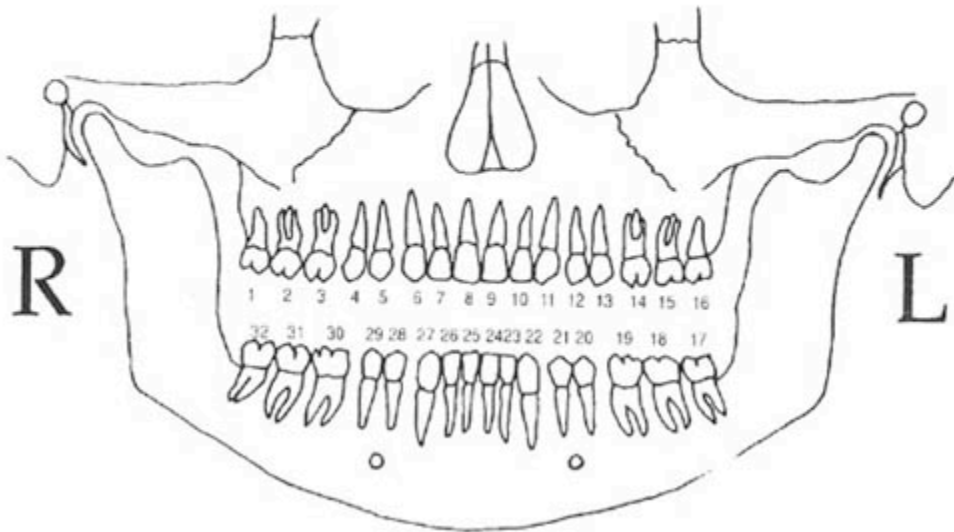
Yes No

MEDICAL HISTORY:

For each person below, follow the line across the page and enter their age and mark an X in those boxes which indicate their present state of health (good), (poor), or write in the cause and age at death. Then place an X in those boxes which correspond with any illnesses that they have ever had.

	Age	Health		Cause and age at death	Alcohol/drug addiction	Allergies or asthma	Anemia	Diabetes	Cancer or tumor	Epilepsy	Genetic disease	Heart trouble	Herpes	High blood pressure	Kidney or bladder trouble	Mental disorder	Rheumatism or arthritis	Stomach/intestinal ulcer	Thyroid disease	Tuberculosis	Gonorrhea/syphilis
		Good	Poor																		
Self:																					
Father:																					
Mother:																					
Brothers or Sisters:																					
Mother's Mother:																					
Mother's Father:																					
Mother's Relatives, Other:																					
Father's Mother:																					
Father's Father:																					
Father's Relatives, Other:																					

Dental Chart



KEY

- Pulled teeth X
- Cavities filled •
- Crowns ■
- Bridge {
- Root canals o

Dentures?
 upper lower

Braces?
 upper lower

Retainer or
 Night Guard?
 upper lower