

The Rothfeld Center - INTAKE FORM

MAIN PROBLEMS / REASON FOR THIS VISIT Additional problems you would like addressed:

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CURRENT MEDICATIONS **DOSE** **TIMES/DAY**

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HERBS, VITAMINS, AND SUPPLEMENTS **DOSE** **TIMES/DAY**

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ALLERGIES

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LIFESTYLE / SELF-CARE ISSUES

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|---|------------------------------|-----------------------------|--|
| Have you ever smoked cigarettes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, _____ packs per day. Have smoked for _____ years. |
| Are you still a smoker? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, when did you last quit? _____ |
| Do you drink caffeinated beverages? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, which? _____ cups, cans, etc/day. |
| Do you drink alcohol? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, which? _____. Number of drinks/week _____. |
| Do you use recreational drugs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, which? _____ |
| Previous alcohol/drug problems? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If YES, which? _____ |
| Do you manage stress well? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> NOT SURE <input type="checkbox"/> NEED HELP |
| Do you exercise regularly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Do you enjoy your job? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Do you allow time to unwind and relax? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Do you sleep soundly? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Are you satisfied with your sex life? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Are you satisfied with your social life? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |
| Are you satisfied with your spiritual life? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | If NO, why? _____ |