

**NATURAL  BALANCE**  
**The Natural Medicine Centre**

*Client Intake Form*

<b>Name:</b>		<b>Date</b>	
<b>Address:</b>			
<b>Phone:</b>	<b>(H)</b>	<b>(W)</b>	<b>(C)</b>
<b>Email:</b>			
<b>Date of birth</b>		<b>Age</b>	<b>Gender</b>
<b>Marital Status</b>		<b>Dependents</b>	
<b>Occupation</b>		<b>Employer</b>	
<b>Presenting Complaints</b>			
<b>Other Health Issues</b>			
<b>Family History of Disease</b>			
<b>Any Allergies</b>			
<b>Family doctor</b>			
<b>Specialist doctor</b>			
<b>Current medications</b>			
<b>Current Supplementation</b>			
<b>Current Natural Therapies</b>			
<b>Where did you hear about our clinic?</b>			
<b>Are you aware of our cancellation policy yes ( ) no ( ) Please ask for information.</b>			
<b><u>Disclaimer: The undersigned gives this information of their own free will and to their knowledge is correct. Any advice, treatments and /or medicines offered or received at Natural Balance Ltd are taken at your own discretion. We at Natural Balance Ltd make no therapeutic claims.</u></b>			
Signature of client: _____		Date: _____	