

HEALTH INTAKE FORM

Please fill out the questionnaire carefully. The information you provide will be used to complete your health profile and will be kept confidential.

Date: 9/14/19Name: Sally Walker DOB: 09/04/1986Address: 24 Barney Lane City: Towaco State: NJ Zip: 07082Email: sally.walker@gmail.com Phone #: (906) 917-3486Gender: F Marital Status: Single Occupation: Software EngineerReferred By: NoneEmergency Contact: Eva Walker Emergency Contact Phone: (906) 334-8926**Describe your medical concerns** (symptoms, diagnoses, etc):Runny nose, mucus in throat, weakness,
aches, chills, tired**Are you currently taking any medication?** (If yes, please describe):Vyvanse (25mg) daily for attention