

## 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: 9/14/19

Name: Sally Walker DOB: 09/04/1986

Address: 24 Barny Lane City: Towaco State: NJ Zip: 07082

Email: Sally.walker@mail.com Phone #: (906) 917-3486

Gender: F Marital Status: Single Occupation: Software Engineer

Referred By: None

Emergency 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