



TWO HANDS CHIROPRACTIC & ACUPUNCTURE, LLC

Shanna C. Fritsch, D.C.

65 E Wacker Pl., Suite 300, Chicago, IL 60601 · 110 W Comanche St., Shabbona, IL 60550 · (815) 793-2951
www.twohandsforhealth.com · info@twohandsforhealth.com · NPI # 1336213149 (Dr. Fritsch) / 1841402732 (Two Hands)

Naturopathic Intake Form

Patient Information:

Name: _____ Date: _____

Date of Birth: _____ Gender: Male Female

Full Address: _____

Telephone Number: (home) _____ (cell) _____

May we leave you phone messages/call to confirm and cancel appointments? Y/N

Emergency Contact: Name: _____ Phone: _____
Relationship: _____

Who may we thank for referring you to our clinic? _____

Medical History:

Please list your health GOALS in order of importance:

Concern	Since	Concern	Since
1		5	
2		6	
3		7	
4		8	

Have any of these issues changed or worsened over time?

What effect have these issues had in your life?

How would you describe your general state of health? Excellent Good Fair Poor

Please list any other forms of treatment that you have used and describe their effectiveness:

Medications/Supplements/Drugs:

Medication/Supplement	Used For	Date Started	Dosage/Frequency

In the last five years, how many courses of antibiotics have you taken? _____
 When was the most recent course of antibiotics? _____

Which of the following have you used/ do you currently use? Please include amount, frequency, and duration of use.

Tobacco	Antacids
Alcohol	Laxatives
Recreational Drugs	Sedatives
Steroids	Caffeine
Cortisone	Other

Allergies/Sensitivities/Exposures:

Please list any known or suspected allergies, sensitivities, and/or intolerances.

Drugs	Foods	Environmental/Chemical

Family History:

Please indicate if any of your immediate family (parents, siblings, maternal and paternal grandparents) suffers from or has suffered from any of the following conditions.

Condition	Family Member(s)	Condition	Family Member(s)	Condition	Family Member(s)
Alcoholism/ Drug use		Colitis		Kidney Dis- ease	
Allergies/Ha y Fever		Depression		Liver Disease	
Asthma		Diabetes		Overweight/O besity	
Arthritis		Heart Dis- ease		Prostate Can- cer	
Breast Can- cer		High Blood Pressure		Other Cancer	
Colon Can- cer		Hyper/Hypo thyroidism		Skin Conditions	

Mental Ill- ness		Stroke		Other	
---------------------	--	--------	--	-------	--