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Levridge Wellness Center
218 Snow Avenue
Raleigh, NC 27603

INTAKE FORM

Patient Name

Date

Age

Date of Birth

Referred by

Email Address

Phone

Address

CHIEF COMPLAINT: _____

Describe other methods used to relieve discomfort (other doctors, medicines, heat/ice) and result:

Describe other symptoms you are currently suffering (headaches, nausea, intestinal distress, irritability, etc):

FAMILY HISTORY

Diabetes _____

High Blood Pressure _____

Cancer _____

Heart Disease _____

Arthritis _____

Other _____

PAST HISTORY

Do you smoke (Y/N)?

Years

Packs a day

Birth Control Pills (Y/N)?

How long

List any other major diseases which you have suffered or are currently suffering (give dates of diagnosis):

List all surgeries and hospitalizations (dates):

Describe physical, emotional trauma, and/or chemical exposures:

CURRENT

Circle what you use:

Alcohol

White bread

Margarine

Antacids

Sugar

Sweet & Low

Equal

Laxatives

Deli Meats

Soda

Tap Water

Aspirin/Tylenol

Caffeine

Known Allergies:

What foods, if any disagree with you?

HISTORY OF TRAUMA

Describe physical, emotional trauma and/or chemical exposures:

FOOD INTAKE

How many of each do you eat per week? Estimate as best as possible.

Dairy _____	Slices of wheat Bread _____	Spinach _____
Whole Milk _____	Slices of Rye Bread _____	Onions _____
Skim Milk _____	Slices of Corn Bread _____	Tomatoes _____
Butter Milk _____	Rolls _____	Yams _____
Half&Half _____	Sweet Rolls _____	Others _____
Yogurt _____	Muffins _____	Apples _____
Cheese _____	Pie _____	Apricots _____
Ice Cream _____	Cake _____	Bananas _____
Eggs _____	Cookies _____	Dates _____
Poultry _____	Jell-o _____	Grapefruit _____
Beef _____	Candy _____	Oranges _____
Pork _____	Chocolate _____	Pears _____
Seafood _____	Sweets _____	Peaches _____
Bacon _____	Asparagus _____	Pineapple _____
Liver _____	Beans _____	Prunes _____
Bologna/ Cold cuts _____	Brussels Sprouts _____	Canned Fruits _____
Canned Meat _____	Broccoli _____	Colas _____
Peanuts _____	Cabbage _____	Uncolas _____

FOOD INTAKE (continued)

Peanut butter _____	Carrots _____	Kool aid _____
Cereals _____	Celery _____	Orange Juice _____
Sugar coated _____	Corn _____	Apple Juice _____
Oatmeal _____	Green Peas _____	Grapefruit juice _____
Pancakes _____	Greens/Turnip _____	Tomato juice _____
Waffles _____	Lettuce _____	Other _____
Crackers _____	Parsley/Cilantro _____	Alcoholic Beverages _____
Rice _____	Potatoes, white _____	Tea: Sweet/unsweet _____
Macaroni _____	Potatoes, sweet _____	Coffee _____
Spaghetti _____	Squash, summer _____	Caffeinated _____
Slices of white Bread _____	Squash winter _____	Decaffeinated sanka

HEALTH SURVEY

Please answer to the best of your ability:		
	Have you taken a broad-spectrum antibiotic drug in the last 6 months?	
	If no to above, have you ever taken any antibiotics?	
	Have you had recurrent infection requiring prolonged antibiotic use?	
	Have you taken birth control pill?	
	Have you taken prednisone?	
	Have you had athlete's food, ringworm, jock itch, or other chronic fungus infections of the skin or nails?	
	Do you crave sugar?	
	Do you crave breads?	
	Do you crave alcoholic beverages?	
	Have you ever had Candida/yeast?	
	Endometriosis or infertility	
	Symptoms worse on damp, muggy days or in moldy places	
	Fatigue or lethargy	
	Poor Memory	
	Depression	
	Muscle and or joint aches or weakness	
	Abdominal pain	
	constipation	
	Diarrhea	
	Bloating, belching, or intestinal gas	
	Vaginal burning, itching or discharge	
	Premenstrual tension	
	Irritability	
	Inability to concentrate	
	Frequent mood swings	
	Recurrent rashes or itching	
	Rectal itching	
	Urgency or urinary frequency	
	Burning while urinating	

HEALTH SURVEY
(continued)

Please answer to the best of your ability:		
	Have you traveled outside the USA?	
	If so, since traveling abroad, have you had an elevated white blood count, intestinal problems, night sweats, or unexplained fever?	
	Do you drink untested or unfiltered water?	
	Do you use a microwave for cooking beef, fish, or pork?	
	Do you prefer fish or meat that is undercooked (i.e. rare or medium rare)?	
	At home, do you use the same cutting board for chicken, fish and meat as you do for vegetables?	
	Have you lived with, or do you currently live with or handle pets?	
	Do you work or have children in a daycare center?	
	Do you garden or work in a yard to which cats and dogs have access?	
	Have you ever had parasites?	
	Red blood in stool?	
	Abdominal pain and cramps	
	Lower back pain	
	Gas, bloating	
	Fever	
	Chronic fatigue	
	Constipation	
	Diarrhea	
	Foul smelling stools	
	Anal itching	
	Bad breath	
	Grind teeth	
	Lethargic	
	Mucus in stool	
	Lack stamina	