Wellness client intake

Wellness services | Paper form

PAPER FORM | COMPLETE PRIVATELY

Print and complete this form privately; bring it directly to Dr. McLaren. Do not email or upload a completed form. Or arrange private in-office completion and arrive about 15 minutes early.

1 Identity and contact

Please provide your name and complete all fields marked REQUIRED.

Name

Date of birth | REQUIRED

Telephone number | REQUIRED

Email address | REQUIRED

Height (include unit) | REQUIRED

Weight (include unit) | REQUIRED

Sex | REQUIRED

Date of birth, height, weight and sex are needed for assessment equipment used with wellness clients only. The assessment cannot proceed without them.

2 Health history and current care | OPTIONAL

Share only what is relevant; these health and safety questions are optional.

Concerns or goals to discuss

Current care or treatment

Optional health and safety questions continue on the next page.

Wellness client intake

Health history and previous tests | Continued

Client name (same as page 1)

2 Health history and current care | OPTIONAL

You may leave these questions blank or discuss safety privately.

Relevant personal health history / diagnoses

Current medications

Current supplements

Allergies or sensitivities

Other relevant safety considerations

☐ I would prefer to discuss safety privately. (Optional)

3 Past tests, procedures and surgery | OPTIONAL

Only indicate yes or no and the approximate year, if known.
Do not include results or reports.

Optional item	Yes	No	Approx. year
Previous test	☐	☐	
Previous procedure	☐	☐	
Previous surgery	☐	☐	

Wellness client intake

Lifestyle and wellness observations | Continued

Client name (same as page 1)

4 Lifestyle and routine | OPTIONAL

Share only relevant information; each detail is optional.

Food preferences, if relevant

Daily routine, if relevant

Activity or rest, if relevant

Other relevant lifestyle detail

5 Wellness-client observations | OPTIONAL

Information you choose to share and wellness observations may be considered together to guide discussion. Patterns do not establish a diagnosis or cause.

Assessment / tool, if relevant

Non-diagnostic observation

Measurement / body area

Measurement value / unit / time