Roots Medical
Getting to the Root of your healthcare concerns

6091 S Quebec St #200
Centennial, CO 80111
P: 303-481-8079
F: (720) 729-0108
info@rootsmedical.net
www.rootsmedical.net

# Patient Intake Questionnaire

All questions contained in the questionnaire are strictly confidential and will become part of your medical record.

| Name (Last, First, M.I.): | | Today's Date: | |
|---|---|---|---|

| Surgeries (what & when) | Hospitalizations (what & when) |
|---|---|
| | |
| | |
| | |
| | |

## Women Only

| Past symptoms of PMS: | | Current symptoms of PMS: | |
|---|---|---|---|

| Pregnancies #: | | Births #: | | Miscarriages #: | | Abortions #: | | Preclampsia<br>Gestational Diabetes |
|---|---|---|---|---|---|---|---|---|

| How did you feel during pregnancy? | | How did you feel on birth control? | |
|---|---|---|---|

| Age of Menopause: | | Have you had a partial/total hysterectomy (please circle if yes): | yes no |
|---|---|---|---|

| Do you have any family history of breast cancer on your mother's side, children or sisters? | yes no |
|---|---|

## Family History

| Relative: | Diseases (with age of onset): | If deceased (list age & cause): |
|---|---|---|
| Mother: | | |
| Father: | | |
| Siblings: | | |
| Children: | | |

## Screening

| Last Colonoscopy (and results): | | Please list any history of STDs: | | History of abnormal PAP smears: | |
|---|---|---|---|---|---|

| Last Transvaginal U/S (and results): | | Last DEXA bone scan (and results): | | Last thyroid Ultrasound (and results): | | Endoscopy (and results): | |
|---|---|---|---|---|---|---|---|

| **Other tests:** | |
|---|---|

Roots Medical
Getting to the Root of your healthcare concerns

6091 S Quebec St #200
Centennial, CO 80111
P: (720) 390-5148
F: (720) 729-0108
info@rootsmedical.net
www.rootsmedical.net

## Medications & Supplements

| Name | Dosage | How Often | For what Condition | Prescriber |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## Allergies

(include medications, supplements, food and substances)

| Allergen | Reaction |
|---|---|
| | |
| | |
| | |
| | |
| | |

## Past Medical Diagnosis

| Condition | Year Diagnosed | Treatment | Practitioner |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Roots Medical
Getting to the Root of your healthcare concerns

6091 S Quebec St #200
Centennial, CO 80111
P: (720) 390-5148
F: (720) 729-0108
info@rootsmedical.net
www.rootsmedical.net

| List Current Doctors or Health Care Providers | |
|---|---|
| | |
| | |
| | |

| Current Health Complaints | |
|---|---|
| **#1** | |
| **#2** | |
| **#3** | |

**Current Symptoms** (please check yes or no)

**Cold Intolerance:** yes ☐ no ☐
**Constipation:** yes ☐ no ☐
**Brittle Hair/Nails:** yes ☐ no ☐
**Fatigue:** yes ☐ no ☐
**Hair Loss:** yes ☐ no ☐
**Heat Intolerance:** yes ☐ no ☐
**Irritability:** yes ☐ no ☐
**Mental Fogginess:** yes ☐ no ☐
**Weight Gain/Loss:** yes ☐ no ☐

**PMS Symptoms:** yes ☐ no ☐
**Menopause Sym.:** yes ☐ no ☐
**Tired After Meals:** yes ☐ no ☐
**Sweet Cravings:** yes ☐ no ☐
**Hypoglycemic:** yes ☐ no ☐
**Erectile Dysfunc.:** yes ☐ no ☐
**Low Sex Drive:** yes ☐ no ☐
**Muscle Loss:** yes ☐ no ☐

**How did you hear about Roots Medical?**_____

I testify that the information above is the truth to the best of my knowledge.

Patient's Signature:_____Date:_____

Patient's Guardians Signature:_____Date:_____