
New Patient Intake

Dr. Jessica Renfer, ND

Naturopathic Doctor

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Today's Date:

PATIENT INFORMATION			
Last Name:		First Name:	
Middle Name:		Date of Birth:	Age:
Cell Phone:	Work/Home:	E-mail:	
May we leave confidential voice messages for you at any of the above numbers? No Yes: Home Work Cell			
Home Address:			
City:	State:	Zip code:	
Mailing Address (if different from above):			
City:	State:	Zip code:	
Relationship Status:			
Live With: Alone Spouse/Partner Children Parents Pet Friends Others:			
Occupation:	Employer:	Phone:	

EMERGENCY CONTACT	
Name:	Relationship:
Phone #:	Alternative Phone #:

PRIMARY CARE PHYSICIAN	
Name:	Address:
Phone #:	Email/Fax

What is your purpose and/or intention for working with Dr. Renfer? What are you hoping to accomplish or work through?

PRESENT HEALTH CONCERNS

Please list your present health concerns in order of importance to you:	How long has this been an issue for you?
1.	
2.	
3.	
4.	
5.	

Please list any treatments/therapies you are currently receiving or have received in the past that have worked for you.

GENERAL HISTORY

Height:	Current Weight:	Is this a comfortable weight for you? Yes No	
Please list any Hospitalizations, surgeries, serious illnesses, injuries, motor vehicle accidents:			
Were you a natural birth?:		Yes No (C-section or other)	
Did you receive childhood vaccinations:		All None Some:	
Known food or drug allergies:			
Date of last physical exam:		Date of last dental visit:	
Date of last blood test:		Date of last eye examination:	

PERSONAL AND FAMILY HEALTH HISTORY

Condition	Relation/ Self	C = Current P = Past	Condition	Relation/ Self	C = Current P = Past
Alcoholism			Drug addiction		
Allergies			Epilepsy/ seizures		
Alzheimer's			Glaucoma		
Anemia			Gout		
Arthritis			Headaches		
Asthma			Heart Disease		
Attention deficit			Kidney Disease		
Bleeding disorders			Liver Issues		
Blood pressure ↑/↓			Lung Issues		
Cancer			Mental Illness		
Cholesterol ↑/↓			Neural Tube Defect		
Chronic fatigue			Parkinson's		
Crohn's disease			Skin issues		
Depression			Tuberculosis		
Diabetes			Ulcerative colitis		
Obesity			STDS		
Other medical conditions or symptoms that run in your family?					

GYNECOLOGICAL HISTORY

Date of Last Menstrual Period		
Cycle Frequency & Duration		
PMS or other Symptoms prior or during cycle		
Birth Control Method (Past and Present)		
Last Pap Smear:	Mammography/Breast Exam:	Bone Density Test:
Number of Pregnancies & Outcomes:		

NUTRITION

Number of meals you eat out per day/week:		
How many meals do you eat a day:		
How often do you snack per day:		
What are your normal snacks:		
Foods you crave:		
Diet type (ex: omnivore, vegan, etc):		
Diet restrictions/food sensitivities (ex: beef, dairy, gluten, salt, etc):		
Typical Breakfast:	Lunch:	Dinner:
Fluids (water, coffee, green tea, black tea, soda, juice, etc): (type and amount per day):		

INFORMED CONSENT

Dr. Jessica Renfer is a Naturopathic Doctor. She graduated from the Southwest College of Naturopathic Medicine in Tempe, AZ, a 4-year post-graduate medical school accredited by the US Department of Education. She carries a license to practice medicine in the State of Hawaii. In the state of Hawaii, Naturopathic Medicine is regulated by the Hawaii Department of Commerce and Consumer Affairs. For those patients who are residents of the State of Hawaii, or attend a retreat in Hawaii, Dr. Renfer is licensed to practice medicine, as in may diagnose and treat disease. For all other clients, Dr. Renfer functions as a Wellness Consultant, thus does not intend to diagnose or treat disease. The focus in these cases is on education and supporting a healthy lifestyle, and recommendations are intended to complement, not replace, the care of a primary care physician.

I understand the above statement. I further understand that Dr. Jessica Renfer, ND is not a medical doctor and is not attempting to conduct the activities of a medical doctor.

Patient or Responsible Party Signature: _____

Printed Name: _____ Date: _____