

Allergies, Prescription Medicine, and Nutritional Supplement Intake Form

To better assess your needs and philosophy toward nutritional supplements, please briefly answer the following questions.

Name: _____

Are you currently taking ANY prescription medicine? Yes _____ No _____

Are you currently taking ANY nutritional supplements (including multivitamins)? Yes _____ No _____

If yes, please list all supplements you are currently taking:

Prescription Medicines	Conditions/ Reasons
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Nutritional Supplements	Conditions/ Reasons
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Are the supplements you are now taking recommended by a health professional? Yes _____ No _____

Do you have any allergies? (Food or medication, or environmental) Yes _____ No _____

If yes, please list all current allergies:

Allergies	Reaction/ Symptoms
1.	
2.	
3.	
4.	

SIGNATURE

DATE