



Dr. Tiffany Dzugan, ND
Naturopathic Medicine

Patient Intake Form

First Name: _____ Last Name: _____

Date of Birth: _____ Preferred Pronoun (Ex. He/She): _____

Primary Phone Number: _____ Alternate Number: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

How did you find out about my services? Website Advertisement Word of Mouth Another practitioner Other _____

Emergency Contact Name: _____ Phone number: _____

Please list the names and designations of your other health care providers: _____

Date of last visit with your family doctor: _____

Have you seen a Naturopathic Doctor before? Yes No

Have you received acupuncture before? Yes No

What is your chief complaint? _____

Do you have any secondary concerns? _____

Do you have any life-threatening allergies? _____

What are your goals for seeing me? _____

Current Medications and Supplements (include doses if possible):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate the approximate date and reason for any previous hospitalizations or surgeries:

- | | |
|----------------|----------------|
| 1. Date: _____ | Concern: _____ |
| 2. Date: _____ | Concern: _____ |
| 3. Date: _____ | Concern: _____ |
| 4. Date: _____ | Concern: _____ |
| 5. Date: _____ | Concern: _____ |