



P/a Pastoor van Massenhovenstraat 4, 5706 TV HELMOND  
06-17 632 650

**INTAKE FORMULIER: ENGELS TALIG**

Dear mister,miss,

please fill in this form with great care.

we wil discus this form in a consult or phone conversation.

this information will be kept personaly. Thank you for your time.

**we always advise you to inform your doctor that you want to start using JDK.CBD/thc products**

**personal information:**

Last name: first name: m/v

Adres:

date of birth: place of birth:

phone number: E-mail adres:

docter: phone number docter:

Specialist(en): Tel. Specialist(en):

medicine use:

supplement use:

how did you hear about us?

**medical complaints :**

what is your worst complaint?

when and how did it start?

if you are having pain, can you describe the pain?

how often do you have your complaints?

are you experiencing more hot or cold, that is bothering you?

when are experiencing improvement?

what is making your complaints worse?

how are you feeling generally?  
(sad, scared, down, etc)

are you experiencing bad moments on a day?

if so, when?

do you wake up in the middle of the night? If so, when?

how is your bowel movement?

do you have allergies?

Do you smoke? If so, how much?

if so, how much?

Do you use drugs? If so, what and how much?

**family:**

are there diseases in your family?

Mother:

Father:

Other family members:

**illness history**

do you want to cross if nesceserry:

|      |         |   |      |         |  |
|------|---------|---|------|---------|--|
| OLD: | RECENT: | headache<br>where in the head?<br>insomnia<br>bad folling asleep<br>weight change<br>dizzyness<br>fatigue<br>bad eye sight<br>allergie  | OLD: | RECENT: | bowel:<br><br>enteritis<br>bowel blockage<br>decker<br>dry mouth<br>abdominal distention<br>nauseous<br>blowy<br>abdominal pain crampii<br>bubbeling abdomen<br>gastric juice        |
| OLD: | RECENT: | Airways<br><br>dyspnoea<br>chronic coughing<br>chronic cold<br>asthma<br>sore throat inflammation<br>forehead cavity inflammation<br>tinnitus   | OLD: | RECENT: | muscles/bones<br><br>tence muscles<br>flaccid muscles<br>low backpain<br>neckpain<br>tingling appearance<br>joint pain<br>muscle pain cramping<br>movement restriction<br>rheumatism |
| OLD: | RECENT: | cardiovascular system<br><br>hypertension<br>low blood pressure<br>swollen glands<br>arteriosclerosis<br>irregular heartbeat<br>chest pain<br>palpitation<br>cold hands or feet<br>varicosity<br>moisture retention | OLD: | RECENT: | skin<br><br>eczema rash<br>fast bruising<br>dry skin<br>sweatting<br>itch<br>brose nails<br>hair lost  |
| OLD: | RECENT: | urinaty tract<br><br>kidney infection stones<br>pain when urinating<br>prostate symptoms<br>cystitis  | OLD: | RECENT: | condition<br><br>nervous<br>depressive<br>overanxious<br>concentration wheakne   |

std  
change urine  
change in libido

memory complaints  
fear  
a lot of mulling  
apathy

OLD: RECENT: women  
  
pregnant  
painful menstruation  
irregular menstruation  
prolonged menstruation  
sore breasts  
leucorrhoea

OLD: RECENT: condition  
  
to suppress  
low confidence  
sad/down  
indecision  
irritability  
hot flashes

Can you tell me in order of date with illness or complaints you have had?  
even small things matters.

age: definition:

**notes from the day you started the oil:**  
(changes body and mind)

---

(START)date:            definition:

---

**PRIVACY AND PERMISSION FORM:**

Because of the new privacy law that starts on 25 May 2018 we need to ask you to fill in this form. When the form is not completely filled in and signed we can not accept your intake form and we will be sending it back to you.

**FOR YOUR INFORMATION:**

All information of the intake form will only be seen and used by Mother Nature's Finest we will not share your private data with others outside Mother Nature's Finest unless you asked for sharing it with others. (by instant a doctor)

we are referring to your name, address, phonenumber, email, health data, etc. that is written on this intake form.

we keep this intake form in a filing cabinet that is locked and you always have the right to see your form, supplement data, or ask your form back.

your data will exclusively be used to give advice to you about what supportive treatment is possible in your case and we will supplement data after every conversation we have.

we do not use your data for advertisement.

**Please answer the following questions:**

ARE YOU 18 YEARS OLD OR OLDER? YES / NO

ARE YOU INFORMED HOW MOTHER NATURE'S FINEST KEEPS AND WORKS WITH YOUR DATA? YES / NO

DO YOU GIVE PERMISSION TO MOTHER NATURE'S FINEST TO KEEP YOUR DATA AND SUPPLEMENT DATA AFTER EVERY CONTACT? YES / NO

ARE YOU INFORMED THAT ALL YOUR DATA IS YOURS AND CAN BE RETURNED TO YOU AT ANY MOMENT? YES / NO

ARE YOU INFORMED THAT MOTHER NATURE'S FINEST WILL NOT SHARE YOUR DATA WITH OTHERS UNLESS YOU ASK US TO SHARE? YES / NO

ARE YOU INFORMED THAT MOTHER NATURE'S FINEST KEEPS ALL DATA  
UNTILL YOU ASKED THEM BACK?

YES / NO

**SIGNATURE: (IFF UNDERAGED SIGNATURE OF A PARENT IS REQUIRED)**

DATE:.....

SIGNATURE:.....