



Mother Nature's Finest

BURGEMEESTER VAN HOUTLAAN 160 A 5701 GL HELMOND
06-36520333 OF 06-15374706



INTAKE FORMULIER: PATIËNTEN ONDERZOEK JDK.CBD/thc OLIE
VOLGENS MC PROTOCOL

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 personally. Thank you for your time.

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