

Cyberscan Intake Form Questionnaire

Name:

Birthdate:

Sex:

Phone:

Address:

Email:

Weight:

Known Allergies:

Recent Overseas Travel? List countries

Medication you are taking

Supplements you are taking

Pregnant or Nursing?

What are the key areas you wish to address? (please circle all that apply)

overall health

increase energy

stress/adrenals

allergy relief
detoxification
memory support
digestion
constipation
hormone support
inflammation
arthritis/joint support
weight management
other - please list

Supplement Preferences

standard supplements/nutraceuticals
homeopathy
both

Types of Supplements Preferred (circle all that apply)

pill or capsule
chewable
powdered
liquid
doesn't matter

More information you would like us to know