

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