Shape ReClaimed Intake Form

Name:_____ Today's Date:_____

Birthdate:_____ Age:_____ Sex: ☐ Male ☐ Female

Home Address:_____

City:_____ State:_____ Zip:_____

Home Phone:_____ Cell Phone:_____

Email:_____

Occupation:_____

Do you primarily: ☐ Sit ☐ Stand ☐ Perform repetitive tasks

Are you: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Names and ages of children:_____

How did you hear about the SHAPE ReClaimed Program?

_____

What health benefits do you want to achieve with the SHAPE ReClaimed Program?

☐ Lose weight ☐ Increase energy ☐ Improve sleep ☐ Decrease inflammation ☐ Improve eating habits

☐ Increased stamina ☐ Improve well-being ☐ Other_____

Physical Health

Height:_____ Weight:_____

Are there any areas of your body that are not functioning optimally? ☐ No ☐ Yes

If yes, please explain:_____

Are you able to perform activities that are important to you? ☐ No ☐ Yes

If no, please explain:_____

On average, how many days/week do you exercise? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

What forms of exercise do you perform?_____

Do you stretch regularly? ☐ No ☐ Yes

If yes, what forms for stretching do you perform?_____

On average, how many hours do you sleep/night? ☐ <5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10+

Do you wake up feeling refreshed? ☐ Always ☐ Sometimes ☐ Rarely ☐ Never

Have you ever been hospitalized or had surgery? ☐ No ☐ Yes

If yes, why and when:_____

Have you been diagnosed with any clinical condition or disease? ☐ No ☐ Yes

If yes, what:_____

Have you ever been in a motor vehicle accident? ☐ No ☐ Yes

If yes, what kind and when:_____

Were you evaluated and treated after each accident? ☐ No ☐ Yes

Have you had any non-vehicle accidents or falls? ☐ No ☐ Yes

If yes, please explain:_____

Have you had any imaging performed in the last year? ☐ No ☐ X-ray ☐ MRI ☐ CT ☐ US ☐ PET

Have you had blood work performed in the last year? ☐ No ☐ Yes

Were your test results in medically normal ranges? ☐ No ☐ Yes

If no, which results were abnormal?_____

Mental/Emotional Health

Rate your current level of **personal stress** in your life: ☐ None ☐ Low ☐ Moderate ☐ High
Rate your current level of **relationship stress** in your life: ☐ None ☐ Low ☐ Moderate ☐ High
Rate your current level of **health stress** in your life: ☐ None ☐ Low ☐ Moderate ☐ High
Rate your current level of **family stress** in your life: ☐ None ☐ Low ☐ Moderate ☐ High
Rate your current level of **occupational stress** in your life: ☐ None ☐ Low ☐ Moderate ☐ High

How do you manage the stress in your life?_____

Chemical Health

Do you choose to get annual flu shots? ☐ No ☐ Yes

Have you used antibiotics in the last year? ☐ No ☐ Yes:_____

How many cups of water do you drink/day? ☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7-9 ☐ 10+

How many cups of coffee/energy drinks do you drink/day? ☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7-9 10+

How many glasses of juice/soda/sports drinks do you drink/day? ☐ 0 ☐ 1-3 ☐ 4-6 ☐ 7-9 10+

Do you eat wheat products (bread/pasta/crackers/baked goods)? ☐ No ☐ Yes

If yes, how many servings/day?_____

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Do you eat refined sugar? ☐ No ☐ Yes

If yes, how many servings/day?_____

Do you ingest artificial sweeteners (Splenda, Aspartame, Equal, Nutri-sweet, diet drinks)? ☐ No ☐ Yes

Do you have any food/drink allergies, sensitivities, or intolerances? ☐ No ☐ Yes:_____

Do you smoke? ☐ No ☐ Yes ☐ I used to for:_____years

Are you/have you been exposed to second hand smoke? ☐ No ☐ Yes

Do you take probiotics? ☐ No ☐ Yes

Do you take vitamin D? ☐ No ☐ Yes

Do you take Omega 3? ☐ No ☐ Yes

Other supplements or homeopathics:_____

Please list any medications that you take regularly and why:_____

_____

_____

Food Health

Please list the foods you commonly eat for:

Breakfast:_____

Lunch:_____

Dinner:_____

Snacks_____

How many cups of vegetables do you eat/day? ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7+

What foods do you crave?_____

Please state specifically what your goals are with this program:_____

_____

I_____, hereby grant permission to receive a professional and complete physical examination and consultation, including an initial urine analysis and evaluation.

_____ _____

Patient's Signature Date