



**Name:** \_\_\_\_\_

**Goals:** What would you most like to achieve through your work at Source Point Community?

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**Major Symptoms:** Please list in order of importance what symptoms are of concern to you and duration of each.

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**Allergies** (medication, food, herbs, seasonal):

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**Medications/ Herbs/ Supplements you are taking:**

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**Past medical history** (include surgeries, hospitalizations, medical diagnosis):

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**Significant Family History** (parents, grandparents, and siblings):

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