

Medical Application for Sacred Medicine

Name:

DOB:

Height:

Weight:

Do you smoke tobacco?

Do you drink alcohol?

Do you take illegal drugs?

If yes, please explain:

Do you have any drug or food allergies?

If yes, please explain:

When was the last time you saw a doctor and for what reason?

Do you have any chronic physical conditions?

Check all that apply:

Headaches

Abdominal pain

Back pain

Diabetes

Stroke

Heart disease

High blood pressure

Low blood pressure

Slow heart rate

Heart problems

Asthma

Respiratory problems

Liver problems

History of seizure

Cancer

HIV positive

Hepatitis A, B, or C

Autoimmune disorder

If yes to any above, please explain:

Please list all medications you are currently taking, include over-the-counter drugs and herbal supplements:

Medication	Dosage	Reason

Are you suffering from any emotion or mental conditions?

Check all that apply:

Bipolar

Schizophrenia

Depression

PTSD

Drug addiction

Alcoholism

If yes to any of the above, please explain:

How would you rate your overall health out of ten, with one being the worst and ten being the best?

Is there anything else you would like us to know?