



P/a Pastoor van Massenhovenstraat 4, 5706 TV HELMOND
06-17 632 650

INTAKE FORMULIER: ENGELS TALIG

Dear mister,miss,

please fill in this form with great care.

we wil discuss this form in a consult or phone conversation.

this information will be kept personaly. Thank you for your time.

we always advise you to inform your doctor that you want to start using JDK.CBD/thc products

personal information:

Last name: first name: m/v

Adres:

date of birth: place of birth:

phone number: E-mail adres:

docter: phone number docter:

Specialist(en): Tel. Specialist(en):

medicine use:

supplement use:

how did you hear about us?

medical complaints :

what is your worst complaint?

when and how did it start?

if you are having pain, can you describe the pain?

how often do you have your complaints?

are you experiencing more hot or cold, that is bothering you?

when are experiencing improvement?

what is making your complaints worse?

how are you feeling generally?
(sad, scared, down, enz)

are you experiencing bad moments on a day?

if so, when?

do you wake up in the middle of the night? If so, when?

how is your bowel movement?

do you have allergies?

Do you smoke? If so, how much?

if so, how much?

Do you use drugs? If so, what and how much?

familie:

are there diseases in your family?

Mother:

Father:

Other family members:

illness history

do you want to cross if nesceserry:

OLD: RECENT:

headache
where in the head?
insomnia
bad folling asleep
weight change
dizziness
fatigue
bad eye sight
allergie

OLD: RECENT: bowel:

enteritis
bowel blockage
decker
dry mouth
abdominal distention
nauseous
blowy
abdominal pain crampii
bubbeling abdomen
gastric juice

OLD: RECENT: Airways

dyspnoea
chronic coughing
chronic cold
asthma
sore throat inflammation
forehead cavity inflammation
tinnitus

OLD: RECENT: muscles/bones

tence muscles
flaccid muscles
low backpain
neckpain
tingling appearance
joint pain
muscle pain cramping
movement restriction
rheumatism

OLD: RECENT: cardiovascular system

hypertension
low blood pressure
swollen glands
arteriosclerosis
irregular heartbeat
chest pain
palpitation
cold hands or feet
varicosity
moisture retention

OLD: RECENT: skin

eczema rash
fast bruising
dry skin
sweatting
itch
brose nails
hair lost

OLD: RECENT: urinaty tract

kidney infection stones
pain when urinating
prostate symptoms
cystitis

OLD: RECENT: condition

nervous
depressive
overanxious
concentration wheakne

	std	memory complaints
	change urine	fear
	change in libido	a lot of mulling
		apathy
OLD:	RECENT: women	condition
	pregnant	to suppress
	painful menstruation	low confidence
	irregular menstruation	sad/down
	prolonged menstruation	indecision
	sore breasts	irritability
	leucorrhoea	hot flashes

Can you tell me in order of date which illness or complaints you have had?
even small things matters.

age: definition:

notes from the day you started the oil:
(changes body and mind)

(START)date: definition:

PRIVACY AND PERMISSION FORM:

Because of the new privacy law that starts on 25 may 2018 we need to ask you to fill in this form. When the form is not completely filled in and signed we can not accept your intake form and we will be sending it back to you.

FOR YOUR INFORMATION:

All information of the intake form will only be seen and used by Mother Nature's Finest we will not share your private data with others outside Mother Nature's Finest unless you asked for sharing it with others. (by instant a doctor)

we are referring to your name, address, phone number, email, health data, etc. that is written on this intake form.

we keep this intake form in a filing cabinet that is locked and you always have the right to see your form, supplement data, or ask your form back.

your data will exclusively be used to give advice to you about what supportive treatment is possible in your case and we will supplement data after every conversation we have.

we do not use your data for advertisement.

Please answer the following questions:

ARE YOU 18 YEARS OLD OR OLDER? YES / NO

ARE YOU INFORMED HOW MOTHER NATURE'S FINEST KEEPS AND WORKS WITH YOUR DATA? YES / NO

DO YOU GIVE PERMISSION TO MOTHER NATURE'S FINEST TO KEEP YOUR DATA AND SUPPLEMENT DATA AFTER EVERY CONTACT? YES / NO

ARE YOU INFORMED THAT ALL YOUR DATA IS YOURS AND CAN BE RETURNED TO YOU AT ANY MOMENT? YES / NO

ARE YOU INFORMED THAT MOTHER NATURE'S FINEST WILL NOT SHARE YOUR DATA WITH OTHERS UNLESS YOU ASK US TO SHARE? YES / NO

ARE YOU INFORMED THAT MOTHER NATURE'S FINEST KEEPS ALL DATA
UNTILL YOU ASKED THEM BACK?

YES / NO

SIGNATURE: (IFF UNDERAGED SIGNATURE OF A PARENT IS REQUIRED)

DATE:.....

SIGNATURE:.....