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Screening Intake Form

Welcome to Our Healing Roots, LLC! We are glad you found us. Initial consults are an investment of time and money, so we want to make sure that we are likely a good fit for you before that investment is made. Katrina Bogdon, ND, will review each form prior to scheduling. Please allow 48-72 business hours for a response. If you have questions about our services or need to speak to Katrina Bogdon, ND, prior to or while filling out this form, please contact the front desk at 417-883-5180.

Contact Information

Today's Date: _____
Name: _____Birthdate: _____
If under 18, guardian's name(s): _____
What name do your prefer to be called? _____
Complete Address: _____
Phone:_____ Alternate phone: _____
E-mail address: _____
How do you prefer us to contact you? _____
Is it okay to leave a voice message?_____ Is it okay to send an e-mail? _____
Do you want to use the patient online portal for our office? ☐ Yes ☐ No
Emergency Name & Contact Number: _____
Current Health Care Providers: _____
_____
How did you hear about us?_____
Are there family members, close friends, or others involved in your care with whom you wish for us to share your health information upon request?_____
_____

Our Healing Roots, LLC is owned and operated by Katrina Bogdon, ND. Her business has two locations—Iris Hill Farm in Seymour and 2BWell in Springfield. 2BWell houses several separate wellness-focused businesses, providing them space and a wide range of services. 2BWell is NOT owned and operated by Katrina Bogdon, ND. Do you want to receive e-mails about news, upcoming events & specials…

From Our Healing Roots, LLC? ☐ Yes ☐ No
From 2BWell? ☐ Yes ☐ No

Initial Screening Questions

1. Are you diagnosed with cancer AND seeking to use natural therapies *in place of* a prescribed conventional cancer treatment by a licensed oncologist? ☐Yes ☐No
2. Are you needing Katrina Bogdon to write drug or hormone prescriptions? ☐Yes ☐No
3. Are you seeking to stop a prescribed drug *without* your prescribing physicians support and direction? ☐Yes ☐No
4. Are you seeking a vaccination exemption letter or form from Katrina Bogdon? ☐Yes ☐No
5. Are you seeking a medical diagnosis from Katrina Bogdon? ☐Yes ☐No
6. Do you intend to file these services with an insurance company (requiring diagnosis codes)? ☐Yes ☐No
7. Would you be depending on Katrina Bogdon to be available to you outside of normal business hours (i.e. available to call on weekends and nights)? ☐Yes ☐No
8. Are you seeking care for an infant (less than 12 months)? ☐Yes ☐No

If you answered "Yes" to any of the questions above, please stop here. Our Healing Roots, LLC, is not able to provide these services.

9. Are you using a particular program with which you expect Katrina Bogdon to be familiar (i.e. reading a health book and wanting Katrina Bogdon to use that program with you)? If yes, please name the program(s) below.

_____

_____

10. Do you have any special needs or considerations that need to be met while providing care for you? (i.e. medical anxiety, difficulty swallowing, chemical sensitivity, adverse reactions to many supplements)

_____

_____

_____

_____

_____

Health History

For what concerns are you presenting here?

1. _____
2. _____
3. _____
4. _____
5. _____

Other Current Medical Diagnoses

_____

_____

_____

Past Surgeries and Traumatic Injuries

_____

_____

_____

Allergies & Intolerances

_____

_____

_____

Family Medical History

Please describe any known medical conditions your biological family members listed below have had.

Mother: _____

Maternal Grandparents: _____

Father: _____

Paternal Grandparents: _____

Siblings: _____
Other (i.e. aunts/uncles): _____

Medications and Supplements

Current medications, supplements and herbal medicines (include additional pages, if needed). *Example:* Garden of Life Ultimate Care Probiotic; Used for constipation; Started May 2015; 1 capsule once a day.

Medication/Supplement Name & Brand	Used for	Date Started	Dosage/Frequency

Review of Systems

HEAD
☐ Headaches
☐ Visual Disorder
☐ Watery, itchy, or dry eyes
☐ Sensitivity to light
☐ Sinus problems
☐ Dental problems
☐ Hearing Loss
☐ Ringing in the ears
☐ Earache
☐ Light-headed/dizzy

RESPIRATORY
☐ Asthma, bronchitis
☐ Hoarseness
☐ Emphysema
☐ Pneumonia
☐ Tuberculosis
☐ Shortness of breath
☐ Chronic cough

GASTROINTESTINAL
☐ Reflux/Ulcers
☐ Sore throat/difficulty swallowing
☐ Inflammatory Bowel Disorder
☐ Hepatitis
☐ Gallbladder disease
☐ Constipation
☐ Abdominal pain
☐ Diarrhea
☐ Nausea/Vomiting
☐ Gas/Bloating

CARDIOVASCULAR
☐ High blood pressure
☐ Elevated cholesterol
☐ Heart disease
☐ Arrhythmia/Murmur/Palpitations
☐ Chest pain
☐ Heart Attack
☐ Stroke

MUSCULOSKELETAL
☐ Back Pain
☐ Carpal Tunnel Syndrome
☐ Gout
☐ Osteoporosis
☐ Joint pain or stiffness

SKIN
☐ Acne
☐ Itching
☐ Rashes, cysts, warts
☐ Easy bruising
☐ Swelling/edema
☐ Eczema/Psoriasis
☐ Dry skin
☐ Varicose veins
☐ Hair loss/changed texture
☐ Nail changes

ENDOCRINE
☐ Chronic Fatigue
☐ Diabetes
☐ Thyroid Disorder
☐ Weight loss/gain
☐ Change in thirst/appetite
☐ Overly cold or hot

MENTAL/EMOTIONAL
☐ Depression
☐ Anxiety
☐ Anger management
☐ Grief
☐ Drug addiction
☐ Eating disorder
☐ Learning disorder
☐ Alcoholism
☐ ADD/ADHD

IMMUNE/BLOOD
☐ Clotting disorder
☐ Chronic infection

MALE REPRODUCTIVE
☐ Enlarged Prostate
☐ Sexually active
☐ Decreased sex drive
☐ Infertility
☐ STD
Type Date Diagnosed
_____
_____
Date of last prostate exam:
_____

FEMALE REPRODUCTIVE
☐ Menstrual irregularities
☐ Endometriosis
☐ Fibrocystic breasts
☐ Fibroids/ovarian cysts
☐ PCOS
☐ Premenstrual syndrome
☐ Menopausal symptoms
☐ Breast Lumps
☐ Vaginal infections
☐ Decreased sex drive
☐ Urinary Tract Infection
☐ STD
Type Date Diagnosed
_____
_____
☐ Abnormal PAP
☐ Sexually active
☐ Use of birth control
☐ Currently Pregnant
☐Post-menopausal
☐Surgical Menopause
# of pregnancies ___
# of children ___
Age of first period? ___
Date of Last Menstrual cycle:
_____
Length of cycle (i.e. 28 days):
_____
Date of last GYN exam:

☐ Slow wound healing _____
☐ Anemia

NERVOUS SYSTEM
☐ Poor concentration/memory
☐ Neuropathy or Paralysis
☐ Seizures
☐ Dementia
☐ Multiple Sclerosis
☐ Restless Legs

CANCER
Type Date
_____
_____

OTHER
_____

URINARY
☐ Kidney or Bladder Disease
☐ Incontinence
☐ Frequent or painful urination
☐ Kidney stones

OTHER
_____

Lifestyle History

Tobacco: ☐ Never used ☐ Used, but quit ☐ Currently using
Alcohol: ☐ Never used Frequency: _____
Recreational Drugs: ☐ Never used ☐ Used, but quit ☐ Currently using
Are you currently having thoughts of harming yourself or others? ☐Yes ☐No
Occupation: ☐ Student ☐ Retired ☐ Disabled ☐Employed
*If employed or student, please describe what you do or study:*_____
_____
What do you love to do (i.e. hobbies)? _____
Who do you live with? _____
Do you have difficulty ☐Falling asleep ☐Staying asleep ☐Waking early ☐Waking refreshed
How many times do you eat each day?_____
How many hours do you sleep? _____
What have you eaten and drank in the past 24 hours (or on a typical day)? _____
_____
Are there any foods you avoid? _____
What type of regular movement/exercise do you engage in? _____
_____
How would you rate the level of stress in your life (0-10, 10 highest)? _____
How do you rate your energy level (0-10, 10 best)? _____

Have you ever worked with a naturopathic or integrative doctor before? If so, what worked well and what did not work well for you? _____
_____
_____

Is there any other information you would like to share that wasn't asked?
_____
_____
_____
_____

Feel free to include additional information if you didn't have enough space. Please take a moment to look within your life. What needs to change in your life for you to be truly healthy, not just free of disease? Naturopathic healthcare will not be a quick fix. In

meeting with Katrina Bogdon, she will act as a consultant and give you recommendations that may impact your lifestyle, your daily schedule, and what you take. Are you at a good time and place in your life to make this type of change right now? If you are ready, please return this form to Our Healing Roots, LLC. If you are not ready quite yet, it's okay. Take your time and feel welcome to wait until the time is right for you.