

The Natural Health Clinic

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Please note if the doctor is running late, an earlier patient required longer care, or an acute illness required immediate attention. Be assured you will receive the same thorough care as visits require.

Thank you for your patience.

Name _____ Birth date _____ Age _____ Date _____

What are you here for today: _____

Symptoms **BETTER**: _____

Symptoms **WORSE**: _____

NEW Symptoms: _____

Seen other health care providers, **WHOM**: _____

Please tell the front desk if you are here for lab results.

What results: _____

- Circle:** Food allergy
- Basic blood draw
- Stool results
- 24 Hour urine hormone results
- 2:16 ratio urine

Are you on Hormone replacement therapy? Yes No

If yes, circle: Oral Estrogen Bi-est Ostaderm V ProgonalB-L 4X
 Progonol Progesterone Testosterone

List Medications and Supplements you are taking: _____

Stopped taking any medications? _____
