



LANTERN
Health Consulting

New Client Intake Form

Thank you for choosing LanterN Health Consulting!
Please complete and submit this form within 48 hours of your booking confirmation.

Email completed forms to: kelli@lanterhealthconsulting.com
If you have any questions please contact us at (208)254-0256.

General Information

Full Name: _____ Today's Date: _____

Date of Birth: _____

Phone Number: _____

E-mail: _____

Address: _____

Date & Time of Surgery: _____

Planned Surgery & Surgery Center: _____

Height & Weight: _____

How did you hear about LanterN Health Consulting? _____

Emergency Contacts:

Name & Relation: _____

Phone Number: _____

Name & Relation: _____

Phone Number: _____

Medical History

Previous Surgeries: _____

Previous Illnesses: _____

Current Medical Conditions: _____

History of physical, emotional or mental abuse? Y / N

Current Medications & Supplements, including dosages (feel free to attached a preprinted list if you already have one): _____

Preferred Pharmacy Name & Phone number: _____

Do you have any allergies to medications? _____

Do you have any other allergies? _____

Do you use any assistive devices such as; walker, cane, hearing aids, etc.? _____

If so, what device(s) do you use? _____

Social History

Marital Status: _____

How many pregnancies have you had? _____ How many live births? _____ Miscarraige? Y/N

Number of Children Living at Home: _____

What age are your children? _____

Do you own any pets? _____ If so, what kind and how many? _____

Occupation:

Employment Status (part-time, full-time, retired, etc.): _____

Do you use caffeine? If so, how much & how often? _____

Do you use tobacco? If so, how much & how often? _____

Do you use alcohol? If so, how much & how often? _____

What are your food preferences and/or restrictions? _____

What are your aromatherapy preferences? _____

What are your music preferences? _____

What are your biggest fears/worries regarding your upcoming surgery/procedure? _____

Other things you think we should know? _____

Thank you for taking the time to complete this form.
Please e-mail your completed form to kelli@lanternhealthconsulting.com
We look forward to getting to know YOU!