

# LYME MAGNETIC HEALTH

## Lyme Magnetic Protocol Client Intake

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| <b>Name:</b>  |  |
| <b>Address:</b><br>City, State, Zip   |  |
| <b>Best phone number to reach you:</b>  |  |
| <b>Email:</b>   |  |
| <b>Age:</b>   |  |
| <b>Referred by?</b>   |  |
| <b>When and how were you diagnosed with Lyme disease?</b>   |  |
| <b>List any current medical treatments you are undergoing (for Lyme, or other illness/disorder):</b>  |  |
| <b>List any prescription medications, nutritional supplements/vitamins you currently take:</b>  |  |
| <b>List any previous health issues you've had include allergies, surgeries, accidents/injuries, broken bones, torn ligaments, sprains, major cuts/bruises, prior medical treatments, etc.</b> |  |
| <b>Have you ever had any organ transplants, implants, pacemaker, valves, bone grafts, or blood transfusions?</b>  |  |
| <b>Have you had Chemotherapy or Radiation in the last 13 years?</b>   |  |
| <b>Are you scheduled to receive Chemotherapy or Radiation in the next 12 months?</b>  |  |
| <b>Are you, or could you be pregnant?</b>   |  |

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| <b>Describe your diet:</b>  |  |
| <b>List any healing approaches that have been helpful. List any that have NOT been helpful:</b> |  |
| <b>Are there any other concerns you think are important to your treatment?</b>                  |  |