

Lyme Magnetic Protocol Client Intake

Name:	
Address: City, State, Zip	
Best phone number to reach you:	
Email:	
Age:	
Referred by?	
When and how were you diagnosed with Lyme disease?	
List any current medical treatments you are undergoing (for Lyme, or other illness/disorder):	
List any prescription medications, nutritional supplements/vitamins you currently take:	
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.	
Have you ever had any organ transplants, implants, pacemaker, valves, bone grafts, or blood transfusions?	
Have you had Chemotherapy or Radiation in the last 13 years?	
Are you scheduled to receive Chemotherapy or Radiation in the next 12 months?	
Are you, or could you be pregnant?	

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