

Mini-Consult Intake Form

Fallon Wellness Pharmacy – Functional Medicine Mini-Consult
30–45 Minute Consultation | \$75

PATIENT INFORMATION

Full Name: _____

Date of Birth: _____ Age: _____

Phone Number: _____

Email Address: _____

Preferred Method of Contact:

Phone Text Email

Primary Care Provider: _____

Emergency Contact: _____

Phone: _____

HEALTH GOALS & MAIN CONCERNS

What are your top health concerns or symptoms?

(Check all that apply)

- Fatigue / Low Energy
- Hormone Imbalance
- Weight Concerns
- Digestive / Gut Issues
- Autoimmune Symptoms
- Sleep Problems
- Stress / Anxiety
- Brain Fog / Memory Concerns
- Skin Issues

- Blood Sugar Concerns
- Thyroid Issues
- Inflammation / Joint Pain
- Mood Changes
- Menopause / Perimenopause
- Low Testosterone
- Food Sensitivities
- Other: _____

Please briefly describe your main concerns and goals:

CURRENT HEALTH & LIFESTYLE

Current Medical Conditions / Diagnoses:

Current Medications:

Current Vitamins / Supplements:

Allergies or Sensitivities:

DIET & LIFESTYLE

How would you describe your current diet?

- Whole foods focused
- Standard American diet
- Vegetarian
- Vegan
- Gluten-free
- Dairy-free
- Keto / Low Carb
- Other: _____

Water intake per day:

- Less than 4 cups
- 4–8 cups
- More than 8 cups

Exercise Frequency:

- Rarely
- 1–2x/week
- 3–5x/week
- Daily

Sleep Quality:

- Poor
- Fair
- Good
- Excellent

Stress Level:

- Low
- Moderate
- High

What are your biggest current stressors?

MINI-CONSULT AGREEMENT

Our mini-consults are educational wellness consultations using a functional medicine approach. Recommendations may include therapeutic lifestyle changes, dietary guidance, nutritional supplementation, and when appropriate, prescription recommendations discussed with the pharmacist/provider.

These consultations do not replace medical care from your physician.

Signature: _____

Date: _____