



Patient details and appointment

Please review the contact details and tell us how to reach you before and after the first appointment.

Form fields

PATIENT ID

PAT-100482

DATE OF BIRTH

14 Mar 1989

ADDRESS

Kastanienallee 42, 10435 Berlin

PHONE

+49 151 4400 1820

EMAIL

anna.schmidt@example.test

INSURANCE

Techniker Krankenkasse

EMERGENCY CONTACT

Mara Schmidt, sister, +49 170 2211 9420

PREFERRED LANGUAGE

German

Appointment preparation

- ☒ I can attend in person at the Hamburg practice.
- ☒ I consent to appointment reminders by SMS.
- ☒ I would like invoices sent through the patient portal.
- ☐ I need barrier-free access support.

Reason for visit

Persistent bloating, variable energy, and cycle-related headaches. Wants a structured naturopathic review before starting a longer treatment plan.



Symptoms and health background

This page helps Nora Kessler understand the pattern, timing, and prior workup behind the main concerns.

Form fields

MAIN SYMPTOM DURATION

Approximately 8 months

CURRENT GP

Dr. med. Carla Vogt

KNOWN DIAGNOSES

Migraine without aura; seasonal allergic rhinitis

RECENT TESTS

Basic blood panel in May 2026, no urgent findings

PREGNANCY STATUS

Not pregnant

ALLERGIES

Birch pollen, mild oral allergy to raw apples

Symptoms reported in the last 30 days

- ☒ Digestive discomfort after meals
- ☒ Headaches or migraine episodes
- ☒ Sleep disruption
- ☐ Unplanned weight change
- ☐ Chest pain or fainting
- ☐ New neurological symptoms

Patient context

Symptoms are worse during heavy work weeks. Patient reports regular meals but often eats late. No red-flag symptoms reported on this form.



Medication, supplements, and lifestyle

Please list everything taken regularly so the practitioner can screen for interactions and avoid duplicated recommendations.

Form fields

CURRENT MEDICATION

Cetirizine 10 mg as needed during allergy season

SUPPLEMENTS

Magnesium glycinate 200 mg nightly; vitamin D drops

DIET PATTERN

Mostly vegetarian, includes eggs and dairy

CAFFEINE

2 coffees per day

ALCOHOL

1-2 glasses of wine per week

EXERCISE

Yoga twice weekly, cycling commute

SLEEP

6.5-7 hours, wakes once most nights

STRESS LEVEL

7 / 10 during current project phase

Care preferences

- ☒ I prefer gentle stepwise changes over strict protocols.
- ☒ I am open to nutrition tracking for two weeks.
- ☒ I am open to herbal recommendations.
- ☐ I currently use anticoagulant medication.

Patient goals

Understand digestive triggers, reduce headache frequency, and create a realistic plan that fits a demanding work schedule.



Consent and signatures

The intake form is not a diagnosis. Urgent symptoms should be assessed by emergency or conventional medical services.

Form fields

CONSENT VERSION

KESSLER-INTAKE-2026-01

FORM STATUS

Ready for practitioner review

SUBMITTED

04 Jun 2026

PRACTITIONER

Nora Kessler

Patient acknowledgements

- ☒ The information provided is accurate to the best of my knowledge.
- ☒ I understand naturopathic care may complement but not replace medical care.
- ☒ I consent to secure storage in circleOS.
- ☐ I consent to sharing this intake with external providers automatically.

Signatures

PATIENT SIGNATURE

NAME

DATE

Anna Schmidt

04 Jun 2026

PRACTICE REVIEW

NAME

DATE

Nora Kessler

Pending appointment