

Dancing Bear Medical Astrology Intake Form (Fillable)

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Confidential Intake • Please complete before your session

All information provided on this form (and any additional information provided via email or during 1-on-1 sessions), and any charts or documents produced for you, will be kept strictly confidential and will not be shared.

Patient Information

First Name

Middle

Last Name

Address

City

State/Province

Country

Telephone

Email

Height

Weight

Sex

 Male Female Other

Date of Birth

Time of Birth (required)

Place of Birth (city, state/province, country)

Occupation

Marital Status

 Single Married Domestic Partn Divorced Widowed Separated

Children: Number

Ages

Number who live with you

Others living with you

How did you hear about DBEA?

 Article Class/Lecture Brochure Business Card Web site Web Search Referred by

If referred by (name)

Medical History

Primary Health Concern / reason for astrology analysis

Date of onset (be as specific as possible)

Major life changes within 6 months of onset (what happened and when)

Changes within 6 weeks of onset (diet/supplements/meds/exercise)

Page 1 of 2 • If you need more space, attach an additional page with your name and date.

Accidents, toxic exposures, or vaccinations? (describe)

 Yes No

Medical Astrology Intake (continued)

Medications (list all prescriptions and over-the-counter medications)

Supplements & Herbs (list what you are currently taking)

Lifestyle (daily amounts used in past 2 months)

Tobacco (Y/N, amount)	Alcohol (Y/N, amount)	Coffee (Y/N, amount)	Recreational drugs (Y/N, amount)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sleep (hours/night) and whether you feel rested

Hours/night	Do you feel rested?
<input type="text"/>	<input type="text"/>

Typical meals (Breakfast / Lunch / Dinner / Snacks)

Exercise (what do you do regularly?)

Pain / Symptoms notes (location, quality, timing)

Disclaimer

Medical Astrology is an ancient technical art and divination tool that involves interpreting celestial patterns. It is intended solely for educational and informational purposes and is not designed to diagnose, treat, or cure any physical or psychological condition.

The insights and suggestions provided are not medical advice and should not be used as a substitute for consultation, diagnosis, or treatment by a qualified, licensed healthcare professional. Beverly Lawrence does not diagnose medical conditions or prescribe medical treatment. Any guidance is meant to support your personal exploration and understanding.

Always seek the advice of your physician or other qualified healthcare provider with any questions you may have regarding a medical or psychological condition. Benefits and risks are not fully known; methods and suggestions are exploratory and cannot guarantee specific outcomes.

While Beverly Lawrence is a licensed acupuncturist in the state of Arizona, by engaging these services you understand you are not her patient and she is not advising you as an acupuncturist in this context. Any nutritional, lifestyle, herbal, Essential Oil, homeopathic, or other suggestions are only for your consideration.

Page 2 of 2. You may also apply a digital signature in Adobe Acrobat after completing this form.

Affirmation & Confirmation

I affirm that the information provided above is true to the best of my ability. I have read the disclaimer and confirm my consent and understanding that any suggestions are not a replacement for appropriate medical or healthcare evaluation, diagnosis, and/or treatment by a licensed professional.