

Please complete this form as fully as you are able. All information is held in strict confidence and used solely to support your care at Two Roots.

Personal Information

Full name

Preferred name / name you go by

Date of birth

Gender

Female Male Non-binary Prefer to self-describe Prefer not to say

Pronouns (optional)

Contact Information

Street address

City

Province

Postal code

Country

Phone (primary)

Phone (secondary)

Email address

Preferred appointment format

In person — Perryvale Telehealth (video) Telehealth (phone)

Preferred contact method

Email Phone call Text message

Emergency Contact

Name

Relationship

Phone

How Did You Hear About Two Roots?

Word of mouth Social media Website / internet search Referral from a practitioner Other

If referred, by whom (optional)

Known Allergies and Sensitivities

Please list any known allergies (food, medication, environmental, plant, or other):

Please list any known sensitivities or intolerances:

This form is the property of Two Roots / Meeting My Ancestors Ltd. Information is collected for clinical purposes only and held in confidence.