

# STOPSKINMITES INTAKE FORM

Please keep answers brief. We can go into more detail in your appointment if you have concerns/questions in any area. We suggest you make notes after completing your Intake in order to make the most efficient use of your appointment time.

Prior to your appointment, please thoroughly study the information on StopSkinMites.com to minimize repeats of what is already clarified for you. Once complete with the Intake Form, fax or email to Megan Wells. Contact information is provided below.

- 1) Name and age (do not need birth date) Male or Female?
- 2) Telephone number to call you for the consulting appointment
- 3) Email address for appointment consultation confirmation
- 4) Living location--city, state, country?
- 5) How long have you suffered symptoms?
- 6) How do you think you got this?
- 7) Describe your first symptoms? What part of the body?
- 8) Is there anyone else near you affected? Do they live with you?
- 9) What is their age and sex and how long have they had symptoms?
- 10) Have you seen any doctors and if so what kind?
- 11) What did they tell you? What did they prescribe?
- 12) Describe what you have tried on your own to rid yourself of this?
- 13) Have you taken anything internally and did you see any results?
- 14) How was your general health before you got this?
- 15) What is your health like now?
- 16) What other health issues did you have and what kinds of medication were you taking?
- 17) Are you over or under weight?
- 18) Do you smoke or drink?
- 19) Do you drink coffee or sodas? How many a day?
- 20) Do you eat junk food? How often?
- 21) What is your diet like? Describe an average day and times you eat.
- 22) What sort of work do you do?
- 23) Do you exercise and if so how often?
- 24) What do you do for exercise?
- 25) How much time do you spend in the out of doors?

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- 26) Do you have any pets and are they affected? Describe how?
- 27) Besides your own pets do you have animals around your house?
- 28) Have you tried pest control companies?
- 29) What did they do and what did they charge you?
- 30) How large is your home?
- 31) Is your home crowded? With what?
- 32) Please check if you have the following:
- Biting \_\_\_\_ Itching \_\_\_\_ Crawling \_\_\_\_ Tingling \_\_\_\_
- Pin Prick \_\_\_\_ Burning itch \_\_\_\_ White pigment spots \_\_\_\_
- Red bumps \_\_\_\_ Pimple w/white center \_\_\_\_ Hard bumps \_\_\_\_
- Lesions that don't heal \_\_\_\_ Thread like fibers \_\_\_\_
- 33) Do you have any symptoms that have been unchanged since the beginning?  
What and where on your body are they?
- 34) Are you sleep deprived?
- 35) Is your bed a problem area?
- 36) What kind of mattress do you have? How old is it?
- 37) Does your pillow bother you?
- 38) What kind of pillow and how old?
- 39) Do you have any symptoms on your head or face? Please describe.
- 40) Do you have his in you ears or nose?
- 41) Are any areas of your skin numb?
- 42) Does eating affect the symptoms? How and what foods?
- 43) Does sweating affect the symptoms?
- 44) Did your first symptoms change to any other areas? Did they expand or go away and appear on a different part of the body?
- 45) When did it change and to what areas?
- 46) Do you currently have any activity on your feet or ankles?
- 47) Do you have any activity in the folds of any skin?
- 48) Do you have any activity on the larger surfaces of your body like outside of your arms, back, chest etc. Please describe.
- 49) Are you able to work?
- 50) Is there anything else you want me to know?