**SALIVA EVALUATION FORM**

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| --- | --- | --- | --- |
| Name: |  | Date: |  |

**BEFORE *each* appointment these MUST be received at Chesapeake Holistic – or your appointment will be rescheduled:**

* Complete this form, an updated Health Profile Questionnaire and an updated Supplement Tracking Form.
* Send BOTH forms by email info@chesapeakeholistic.com or fax 410-757-6742 or include in package.

COLLECT SALIVA SAMPLE:

**Do not eat, drink or chew gum/mints 30-minutes prior to collecting the sample.**

1. Using a Q-tip, swab the inside of both cheeks of your mouth (one end per cheek, or separate Q-tip per cheek).
2. Place in a Ziploc baggie and write your name on the front of the baggie.
3. Place in a thermal container/pouch with an ice pack.
4. Mail OR drop off to Chesapeake Holistic BEFORE your appointment. (When mailing, we recommend using priority mail or overnight mail. Send 7 to 10 days prior to your appointment to ensure your sample arrives in time for us to perform the evaluation). If sample isn’t received in time your appointment will need to be rescheduled.

NOTES ABOUT SUPPLEMENTS & MEDICATIONS:

**To have supplements we do not sell in office or medications evaluated, SEND SAMPLES BEFORE YOUR APPOINTMENT.**

1. Please put each supplement or medication in a separate, labeled baggie. Include brand name & dosage.
2. Include any copies of new labs or medical reports you would like to have Jennifer review.

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|  | Yes | |  | | | No | | | Are you able to swallow pills? | | | | | |
|  | Yes | |  | | | No | | | Do you prefer liquid or chewable supplements, if available? | | | | | |
|  | Yes | |  | | | No | | | Has your condition improved since our last appointment? Please explain: | | | | | |
|  | |  | |  | | |  | | | | |  | |
|  | Yes | |  | | | No | | | | Are there any new issues since our last appointment? If so, please explain: | | | |
|  |  | | | |  | | |  | | |  | | |
|  | Yes | |  | | | No | | | | Do you have any supplements (purchased at Chesapeake Holistic) left from previous appointments that you’d like us to evaluate first? | | | | | |
| What is your priority for this session? | | | | | | | | | | | | |  |

**\*PLEASE NOTE\* Results will be emailed after completion of evaluation. Completion time may vary. Please allow 3 to 5 days for results to be emailed.** Arrangements for supplement orders may be done by phone or email.

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