



## SALIVA EVALUATION FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Complete this form AND an updated [Health Profile Questionnaire](#).
- Send BOTH forms by email to [info@chesapeakeholistic.com](mailto:info@chesapeakeholistic.com), by or fax to 410-757-6742.
- Drop off or priority-mail your SALIVA SAMPLE (with an ice pack) to Chesapeake Holistic.
- Drop off or priority-mail OTC supplements/medications (with labels and dosage) to our office for evaluation.

### 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, to ensure your sample arrives in time for us to perform an evaluation, before your appointment. Heat/warm weather can compromise the sample: an ice pack is essential to ensure the sample's integrity.)

### NOTES ABOUT SUPPLEMENTS & MEDICATIONS:

**To have outside supplements or medications evaluated, SEND SAMPLES BEFORE YOUR APPOINTMENT.**

1. Please put each supplement or medication in a separate, labeled baggie.
2. Include any copies of new labs or medical reports you would like to have Jennifer review.
3. Mail/drop off supplement/med sample, w/dosage info, and complete *brand name* and *supplement/med name*.

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? If so, please list the complete name of the supplement(s) and approximately how many you have left (e.g., ADHS ½ bottle...).

\_\_\_\_\_

\_\_\_\_\_

What is your priority for this session? \_\_\_\_\_