

High Point Health

5637 30th Ave SW

Seattle, WA 98126

(206) 932-4371

New Patient Introduction Form

Patient Name: _____ **Date:** _____

1. Chief concerns:

2. Medications and/or nutritional supplements you are currently taking:

3. Dietary intake for 2 days before appointment:

Breakfast:

Breakfast:

Snack:

Snack:

Lunch:

Lunch:

Snack:

Snack:

Dinner:

Dinner:

Snack:

Snack: