Name:________________ DOB/Age:________________ Date:____________

Address: ____

Home Phone: _____________ Work: _______________ Cell: _______________

Email: ____

Health Proxy? Y / N Power of Attorney? Y / N

Chief Complaint: ____

____

____

Treatments Tried (Indicate Treatments Currently in Place): ____________________

____

____

____

Allergies (medications/food/environmental): ________________________________

____

____

What testing have you had? MRI, CT SCAN's etc: ____________________________

____

____

Current Blood Pressure & Pulse (if known): ______________________

Current Weight: _________ Height: _______ BMI:_______

Has Your Weight Been Stable? If 'No', Why? _________________________________

____

What is your diet like? Are you on a special diet? ______________________________

____

Are you on an exercise regimen? Y / N

Do you have limitations re: exercise? ___________________________________

Do you use alcohol? How much/how often? ______________________________

Have you used tobacco in the past? Are you using it now/how much? ____________

____

Do you live alone? Y / N

If "NO", Specify Members of the Household: ______________________________

____

Do you have a Support System (family, friends, etc.)? Y / N

If "YES", Specify: ____

How do you learn best (auditory, visual, etc.)? ____________________________

Any impediments to learning? ____

What are your goals for your current medical concerns? ______________________

____

____

____

Medications-prescribed by Doctor (dosage)	why do you take this medication?
______________________________	___________________________
______________________________	___________________________
______________________________	___________________________
______________________________	___________________________
______________________________	___________________________
______________________________	___________________________
______________________________	___________________________

Vitamins, and Supplements/Over the counter (please tell me brand and exact title) :

Anything additional you would like to share with me to get to know you better: