

To your knowledge are you allergic to any: (circle as appropriate)

- 1.) Drugs: Y/N (If yes, please list) _____
- 2.) Foods: Y/N (If yes, please list) _____
- 3.) Environmental Allergens (pollen, dust, etc.) Y/N _____
- 4.) List any hospitalizations, surgeries, and serious injuries: _____
- 5.) What is your blood type? O A AB B Don't Know

Family History:

Are there any physical or emotional issues in your family that you feel are relevant to your own health?

Food and Diet: (circle as appropriate)

Are you satisfied with your diet as it is now? Y/N

How would you describe your diet? _____

How much coffee do you drink daily? _____

Do you drink alcohol? Y/N (If yes, how much & how often?) _____

Do you smoke? Y/N or Previous Smoker (If yes, how much, how often and for how long?) _____

Do you use recreational drugs? Y/N _____

24 HOUR DIET RECALL

Please list everything you ate yesterday

Breakfast	Lunch	Dinner

Environmental Exposures: (circle as appropriate)

Pesticides/Herbicides Mercury Live/grew up near farms Solvents/Paint Other: _____

Reproductive Health:

Do you experience any issues with sexual function? _____

(For Women) Do you have any issues with menstruation or menopause? If yes, please describe:

(For Men) Do you have any issues with urinary flow or prostate function? _____

2. If you could identify one or two obstacles to living the life you want, what would it/they be?

3. Is there anything you want for yourself, but believe there is no way you could achieve it or that it could ever happen?

4. Please write a few sentences about your childhood.

5. Put a checkmark beside any of the categories of treatment you are interested in having as part of your care or learning more about.

NAET counseling Naturopathic consultation coaching water therapies flower essences homeopathy herbal medicines craniosacral therapy reiki cleanse program infrared sauna Soma massage other (please describe below)

6. Is there anything else you want your physician to know about changes you'd like to make in your health or your life?

Thank you for choosing our clinic. We will do everything we can to support your health and facilitate your healing.