

NEW CLIENT PROFILE

Name: _____ DOB: __/__/____ Current Age: _____

Height: _____ Weight: _____ Occupation: _____ Marital Status: _____

Address: _____

City: _____ State: _____

Home Phone: () _____ Ok to leave message? Yes No

Work Phone: () _____ Ok to leave message? Yes No

Cell Phone: () _____ Ok to leave message? Yes No

Email: _____ Ok to leave message? Yes No

Emergency Contact: _____ Phone: _____

HEALTH INFORMATION - Confidential

1) State your current health concerns/symptoms/doctor diagnosis of any health problems:

_____ Duration _____

_____ Duration _____

_____ Duration _____

2) Please prioritize your health concerns:

1. _____ 2. _____

3. _____ 4. _____

3) Please list any diseases or health problems that you or a close family member have a history of:

History of: _____ Relative: _____ History of: _____ Relative: _____

History of: _____ Relative: _____ History of: _____ Relative: _____

4) Please list any major illness or surgeries you have experienced:

5) Was there a major emotional or physical trauma in the two years preceding the onset of your current symptoms? _____

6) Are you currently under any emotional or physical stress? If so, please list:

6) Do you smoke? If so, how many per day? _____

7) Do you drink alcoholic beverages? If so, how many per day? _____

8) Do you crave sugar or carbohydrates? _____

9) Do you believe in God? Yes or No

10) If yes, do you have a close relationship with him or do you feel it's complicated?

Explain: _____

11) Have you been to a Doctor of Naturopathy before? If so, what was the outcome? _____

12) Do you exercise, if so, what activity and how often? _____

13) Your major goal for the first visit. Please tell me what you would like to accomplish today. _____

14) Please list any medications you are taking and indicate what they are for:

<u>Medication Name:</u>	<u>Used For:</u>	<u>Duration of use:</u>
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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4. _____	_____	_____
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15) Please list any herbal or vitamin supplements you are currently taking or attach a list.

16) Allergies: Please list all food, environmental, and/or drug allergies: _____

17) Women that are pregnant or nursing, please check here. Pregnant _____ Nursing _____