

Name _____ Date _____

Address _____ City _____ State _____ Zip Code _____

Phone _____ Email _____

Occupation _____ Age _____ Height _____ Sex _____ Date of Birth _____

Marital Status: Single Partner Married Separated Divorced Widow(er)

How can we help? What are your goals?

List current health problems for which you are being treated: _____

What types of therapies have you tried for these problem(s) or to improve your health overall:

- Diet modification Fasting Vitamins/minerals Herbs Homeopathy Chiropractic Acupuncture Conventional drugs
 Other _____

Do you experience any of these general symptoms on a regular basis?

- | | | | | |
|--|--|-----------------------------------|---|--|
| <input type="checkbox"/> Debilitating fatigue | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Constipation | <input type="checkbox"/> Chronic pain/inflammation |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Nausea | <input type="checkbox"/> Fecal incontinence | <input type="checkbox"/> Itching/rash |
| <input type="checkbox"/> Disinterest in sex | <input type="checkbox"/> Headaches | <input type="checkbox"/> Vomiting | <input type="checkbox"/> Urinary incontinence | |
| <input type="checkbox"/> Disinterest in eating | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Low grade fever | |

Current medications (prescription or over-the-counter), and supplements

Laboratory procedures performed (e.g., stool analysis, blood and urine chemistries, hair analysis):

Outcome: _____

Circle the level of stress you are experiencing on a scale of 1 to 10 (1 being the lowest): 1 2 3 4 5 6 7 8 9 10

Identify the major causes of stress (e.g., changes in job, residence or finances): _____

Do you consider yourself: Underweight Overweight Healthy weight Your weight today _____ Ideal weight: _____

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? _____