ETOWN CHIROPRACTIC & NATUROPATHIC CENTER

Our purpose and our joyful obligation as a nutritional practitioners is to enable each patient, through education and guidance, to experience life in its fullness.

CONFIDENTIAL PATIENT INFORMATION

This form is confidential. In order for us to understand your health problems properly, please complete this form neatly, accurately, and completely.

Please print clearly:

Name:_____ Date:_____

Home phone:_____ Cell phone:_____ Work phone:_____

Address:_____

City:_____ State:_____ Zip Code:_____

E-mail address:_____

Sex: M or F Birth Date:__/__/____ Age: ____ Height:_____ Weight:_____

Referred by:_____

May we use your name when thanking the person who referred you to our office? YES or NO

Occupation:_____ Employer: _____

Overall Health (circle one): Excellent / Good / Fair / Poor / Other:_____

Chief Complaints (reason you're here):_____

_____

Previous treatments for this complaint: _____

_____

Other complaints or problems: _____

_____

Current medications/drugs being taken: _____

Are you currently under the care of a physician or health care professionals? _____

If yes, please give name and date of last visit): _____

Please list any vitamins, herbs, or supplements you are taking: _____

_____

Do you smoke, drink coffee or alcohol? (Please indicate how much)

Cigarettes:_____ Coffee:_____ Alcohol:_____

HISTORY:

List any major illnesses (with approx. dates): _____

_____

List any surgery or operations (with approx. dates):_____

_____

Past Accidents or injuries:_____

_____

Marital Status: S M D W Name of Spouse:_____

Describe health of spouse:_____

Number of Children _____

Name of Child	Age	Sex	Any physical conditions of concerns??
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Any family history of serious illness (circle those that apply): Cancer / Diabetic / Heart / Other:

_____

Any household pets or other animals you or your family members in contact with:_____

_____

What can we do to make you happier? _____

_____

Signed:_____ Date:_____