

Name _____ Male Female Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ E-mail _____

Date of Birth ____/____/____ Age _____ Occupation _____ Work Phone _____

Marital Status: Single Married Partner Separated Divorced Widow(er) Number of Children _____

Emergency contact: Name _____ Phone _____ Cell _____

Medical doctor _____ Phone _____

Are you recovering from a cold or flu? Yes No Are you pregnant? Yes No

Reason for office visit: _____ Date began: _____

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 over-all:

- diet modification fasting vitamins/minerals herbs homeopathy chiropractic acupuncture conventional drugs
- other _____

Do you experience any of these general symptoms EVERY DAY?

- Debilitating fatigue Shortness of breath Insomnia Constipation Chronic pain/inflammation
- Depression Panic attacks Nausea Fecal incontinence Bleeding
- Disinterest in sex Headaches Vomiting Urinary incontinence Discharge
- Disinterest in eating Dizziness Diarrhea Low grade fever Itching/rash

Current medications (prescription or over-the-counter): _____

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

Major Hospitalizations, Surgeries, Injuries: Please list all procedures, complications (if any) and dates:

Year	Surgery, Illness, Injury	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, work, residence or finances, legal problems): _____

Do you consider yourself: underweight overweight just right Your weight today: _____

Have you had an unintentional weight loss or gain of 10 pounds or more in the last three months? Yes No

Is your job associated with potentially harmful chemicals (e.g., pesticides, radioactivity, solvents) or health and/or life threatening activities (e.g., fireman, etc.)? _____

What are your current health goals: _____

Medical History

- Arthritis
- Allergies/hay fever
- Asthma
- Alcoholism
- Alzheimer's disease
- Autoimmune disease
- Blood pressure problems
- Bronchitis
- Cancer
- Chronic fatigue syndrome
- Carpal tunnel syndrome
- Cholesterol, elevated
- Circulatory problems
- Colitis
- Dental problems
- Depression
- Diabetes
- Diverticular disease
- Drug addiction
- Eating disorder
- Epilepsy
- Emphysema
- Eyes/ears/nose/throat problems
- Environmental sensitivities
- Fibromyalgia
- Food intolerance
- Gastroesophageal reflux disease
- Genetic disorder
- Glaucoma
- Gout
- Heart disease
- Infection, chronic
- Inflammatory bowel disease
- Irritable bowel syndrome
- Kidney or bladder disease
- Learning disabilities
- Liver or gallbladder disease (stones)
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological problems (Parkinson's, paralysis)
- Sinus problems
- Stroke
- Thyroid trouble
- Obesity
- Osteoporosis
- Pneumonia
- Sexually transmitted disease
- Seasonal affective disorder
- Skin problems
- Tuberculosis
- Ulcer
- Urinary tract infection
- Varicose veins
- Other _____

Medical (Men)

- Benign prostatic hyperplasia
- Prostate cancer
- Decreased sex drive
- Infertility
- Sexually transmitted disease
- Other _____

Medical (Women)

- Menstrual irregularities
- Endometriosis
- Infertility
- Fibrocystic breasts
- Fibroids/ovarian cysts
- Premenstrual syndrome (PMS)
- Breast cancer
- Pelvic inflammatory disease
- Vaginal infections
- Decreased sex drive
- Sexually transmitted disease
- Other _____
- Date of last GYN exam _____
- Mammogram + -
- PAP + -
- Form of birth control _____
- # of children _____
- # of pregnancies _____
- C-section _____
- Age of first period _____
- Date - last menstrual cycle _____
- Length of cycle _____ days
- Interval between cycle _____ days
- Any recent changes in normal menstrual flow (e.g., heavier, large clots, scanty) _____
- Surgical menopause
- Menopause

Family Health History (Parents and Siblings)

- Arthritis
- Asthma
- Alcoholism
- Alzheimer's disease
- Cancer
- Depression
- Diabetes
- Drug addiction
- Eating disorder
- Genetic disorder
- Glaucoma
- Heart disease
- Infertility
- Learning disabilities
- Mental illness
- Mental retardation
- Migraine headaches
- Neurological disorders (Parkinson's, paralysis)
- Obesity
- Osteoporosis
- Stroke
- Suicide
- Other _____

Health Habits

- Tobacco:
 - Cigarettes: #/day _____
 - Cigars: #/day _____
- Alcohol:
 - Wine: #glasses/d or wk _____
 - Liquor: #ounces/d or wk _____
 - Beer: #glasses/d or wk _____
- Caffeine:
 - Coffee: #6 oz cups/d _____
 - Tea: #6 oz cups/d _____
 - Soda w/caffeine: #cans/d _____
 - Other sources _____
- Water: # glasses/d _____

Exercise

- 5-7 days per week
- 3-4 days per week
- 1-2 days per week
- 45 minutes or more duration per workout
- 30-45 minutes duration per workout
- Less than 30 minutes
- Walk - #days/wk _____
- Run, jog, other aerobic - days/wk _____

Nutrition & Diet

- Mixed food diet (animal and vegetable sources)
- Vegetarian
- Vegan
- Salt restriction
- Fat restriction
- Starch/carbohydrate restriction
- The Zone Diet
- Total calorie restriction
- Specific food restrictions:
 - dairy wheat eggs
 - soy corn all gluten
- Other _____

Food Frequency

- Number of servings per day:
 - Fruits (citrus, melons, etc.) _____
 - Dark green or deep yellow/orange vegetables _____
 - Grains (unprocessed) _____
 - Beans, peas, legumes _____
 - Dairy, eggs _____
 - Meat, poultry, fish _____

Eating Habits

- Skip meals - which ones _____
- One meal/day
- Two meals/day
- Three meals/day
- Graze (small frequent meals)
- Generally eat on the run
- Eat constantly whether hungry or not

Current Supplements

- Multivitamin/mineral
- Vitamin C
- Vitamin E
- EPA/DHA
- Evening Primrose/GLA
- Calcium, source _____
- Magnesium
- Zinc
- Minerals, describe _____
- Friendly flora (acidophilus)
- Digestive enzymes
- Amino acids
- CoQ10
- Antioxidants (e.g., lutein, resveratrol, etc.)
- Herbs
- Homeopathy
- Protein shakes
- Superfoods (e.g., bee pollen, phytonutrient blends)
- Liquid meals (Ensure)
- Others _____

I Would Like:

ENERGY - VITALITY

- Feel more vital
- Have more energy
- Have more endurance
- Be less tired after lunch
- Sleep better
- Be free of pain
- Get less colds and flu
- Get rid of allergies
- Not be dependent on over-the-counter medications like aspirin, ibuprofen, anti-histamines, sleeping aids, etc.
- Stop using laxatives and stool softeners
- Improve sex drive

BODY COMPOSITION

- Loose weight
- Burn more body fat
- Be stronger
- Have better muscle tone
- Be more flexible

STRESS, MENTAL, EMOTIONAL

- Learn how to reduce stress
- Think more clearly and be more focused
- Improve memory
- Be less depressed
- Be less moody
- Be less indecisive
- Feel more motivated

LIFE ENRICHMENT

- Reduce my risk of degenerative disease
- Slow down accelerated aging
- Maintain a healthier life longer
- Change from a "treating-illness" orientation to creating a wellness lifestyle.

What foods do you like?

- Beans
 - Garbanzo
 - Pinto
 - Kidney
 - Black
 - Lima
 - Cannelli
 - Navy
 - Mung beans
 - Fat-free refried
 - Green soy beans
- Hummus
- Split peas
- Sweet green peas
- Lentils
- Artichokes
- Asparagus
- Bamboo shoots
- Bean sprouts
- Bell or other peppers
- Broccoli
- Broccoflower
- Brussel sprouts
- Cabbage
- Cauliflower
- Celery
- Chives
- Onion
- Leeks
- Garlic
- Cucumber
- Dill pickles
- Eggplant
- Green beans
- Greens
 - Bok choy
 - Escarole
 - Swiss chard
 - Kale
 - Collard greens
 - Spinach
 - Dandelion
 - Mustard
 - Beet greens
- Lettuce
 - Romaine
 - Red/green leaf
 - Endive
 - Arugula
 - Radicchio
 - Watercress
 - Chicory
- Mushrooms
- Okra
- Radishes
- Salsa
- Sea vegetables (kelp)
- Snow peas
- Sprouts
- Tomatoes
- Mixed vegetable juice
- Water chestnuts
- Zucchini
- Squash
 - Yellow
 - Summer
 - Spaghetti
- Beets
- Winter squash
 - Acorn
 - Butternut
- Carrots
- Sweet potato
- Yukon gold potato
- Eggs
- Fish
- Shellfish
- Chicken breast
- Turkey
- Lamb
- Beef
- Tofu
- Tempeh
- Veggie burger
- Cheese
 - Cottage cheese
 - Ricotta
 - Mozzarella
 - Parmesan
- Nuts
 - Almonds
 - Hazelnuts
 - Walnut
 - Pecan
 - Peanut
 - Pistachio
 - Sunflower
 - Pumpkin
 - Sesame
- Nut butter
- Avocado
- Flaxseed oil
- Olive oil
- Mayonnaise
- Olives
- Apple
- Apricot
- Berries
 - Blackberries
 - Blueberries
 - Raspberries
 - Strawberries
- Cantaloupe
- Cherries
- Fresh Figs
- Grapefruit
- Grapes
- Honeydew
- Mango
- Nectarine
- Orange
- Peach
- Pear
- Plums
- Tangerine
- Watermelon
- Buttermilk
- Low-fat yogurt
- Milk
- Amaranth
- Rice
 - Basmati
 - Brown
 - Wild
- Barley
- Buckwheat groats
- Millet
- Bulgar
- Whole oats
- Whole wheat
- Spelt
- Kamut
- Whole grain pasta
- Whole grain rye crackers
- Whole grain bread
- Rye bread
- Whole Wheat Tortilla
- Whole Wheat Pita