

Name:	Present Medications:	Height:
Address:		Weight:
	Date of Last Physical:	Weight Goal:
Home Phone:		Age:
Work Phone:		

Part I: Medical History

Please circle if you have or have had any of the following and elaborate if necessary.

Allergies	food	environmental	
Arthritis	osteo	rheumatoid	
Cancer	type:	date diagnosed:	
	treatment:		
Cardiac Problems	arrhythmia	bypass surgery	
	heart attack	mitral valve prolapse	
Chronic Fatigue Syndrome			
Chronic Insomnia			
Chronic Pain	location:	duration:	
Diabetes	Type 1	Type 2	
Gallbladder Disease			
Hair Loss			
Headaches/Dizziness			
High Cholesterol	total number:	HDL:	LDL:
High Triglycerides	number:		
Hypertension	number:		
Hypotension	number:		
Infectious/Viral Disease			
Intestinal Problems	amoebae/parasite	chronic constipation	chronic diarrhea
	chronic nausea	colitis	crohn's
	diverticulosis/itis	irritable bowel	lactose intolerance
Kidney Disease			
Liver Disease			
Lung Disease	asthma	emphysema	
Lyme Disease	date diagnosed:	treatment:	
Menstrual History	irregular periods	menopausal	
	pregnancies:	number of children:	
Skin Problems	acne	eczema	
Stroke			
Thyroid Disease	hyperthyroidism	hypothyroidism	
Ulcers			
Surgeries, Family Medical History And Other Significant Medical Problems:			

Part II: Nutrition History**Please list your food intake from YESTERDAY.**

Breakfast:
Snack:
Lunch:
Snack:
Dinner:
Snack:
Drinks:

Cups of coffee per day:	regular	decaf	type of sweetener:	
Cups of tea per day:	regular	herbal	type of sweetener:	
Cans/cups of soda per day:	regular	diet	caffeinated	caffeine-free

Current vitamin, mineral and supplement usage - including brand, form and dosage:

Part III: Social History

Occupation:					
Marital Status:	Single	Married	Divorced	Separated	Widowed
Are you currently in or have you been in psychotherapy?					
Type of treatment?					
Have you ever or do you ever:					
Drink			How much/How often?		
Smoke			How much/How often?		
Use Recreational Drugs			How much/How often?		
Do you exercise?			How much/How often?		
Do you use any stress-reduction techniques? Please describe.					

What do you hope to accomplish by coming here?

Additional Comments: