

# Confidential Patient Information Sheet



Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Female  Male  Gender Nonconforming  Transgender Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_

Relationship Status:  Single  Partnered  Married  Polyamorous  Divorced  Widowed

Reason for Your Visit Today: \_\_\_\_\_

Are you being treated for this condition by anyone else?  Yes  No Has this condition been diagnosed by a MD?  Yes  No If yes, diagnosis: \_\_\_\_\_

Drug or Supplement Name	Date Started? Reason for Taking?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you follow any particular diet or way of eating? \_\_\_\_\_

Physical activity? \_\_\_\_\_ Do you have enough energy?  Yes  No

Hospitalizations or Surgeries: \_\_\_\_\_

**Please check off any challenges/conditions you HAVE NOW or HAVE HAD IN THE PAST.**

**Cardiovascular:**

- Heart Disease
- Pacemaker
- High Blood Pressure
- Low Blood Pressure
- Chest Pain
- Palpitations
- Stroke
- Varicose Veins
- Edema

**Emotional / Mental:**

- Mild Depression
- Clinical Depression
- ADD or ADHD
- Schizophrenia
- Mood Swings
- Panic Attacks
- Nervousness
- Anxiety

**Energy & Immunity:**

- Chronic Fatigue
- Slow Wound Healing
- Easy Bruising
- Chronic Infections

**Respiratory:**

- Pneumonia
- Asthma
- Frequent Colds
- Difficulty Breathing
- Emphysema
- Persistent Cough
- Tuberculosis
- Shortness of Breath

**Musculo-Skeletal:**

- Neck /Shoulder Pain
- Muscle Spasms
- Upper Back Pain
- Mid Back Pain

- Low Back Pain
- Osteoporosis
- Arthritis
- Joint Pain

**Eye, Ear, Nose & Throat:**

- Eye Pain/Strain
- Glaucoma
- Glasses / Contacts
- Tearing / Dryness
- Impaired Hearing
- Ear Ringing
- Earaches
- Ear Infections
- Headaches
- Sinus Problems
- Nose Bleeds
- Frequent Sore Throats
- TMJ / Jaw Problems

**Genito-Urinary Tract:**

- Kidney Disease
- Kidney Stones
- Painful Urination
- Dribbling Urination
- Frequent UTI
- Frequent Urination

**Neurological**

- Vertigo / Dizziness
- Headaches
- Migraines
- Paralysis
- Numbness / Tingling
- Loss of Balance
- Seizures / Epilepsy

**Gastrointestinal:**

- Stomach Ulcers
- GERD or Acid Reflux
- Changes in Appetite
- Nausea / Vomiting

- Bloating / Gas
- Constipation
- Diarrhea
- Hemorrhoids
- Blood in Stool

**Endocrine:**

- Hypothyroid
- Hyperthyroid
- Diabetes (Type I or II)
- Night Sweats
- Unusual Sweating
- Feeling Hot or Cold

**Other:**

- Cancer (Type): \_\_\_\_\_
- Fibromyalgia
- Anemia
- Rashes
- Eczema
- Cold Hands or Feet

**Reproductive:**

- Impotence
- Prostate problems
- Testicular pain
- Painful intercourse
- Infertility
- Vaginal Discharge
- PMS
- Clotting
- Irregular cycles
- Heavy or Scanty flow
- Spotting

Average # Days between menstrual cycles: \_\_\_\_\_

Average # Days of flow: \_\_\_\_\_

Pregnancies: \_\_\_\_\_

Births: \_\_\_\_\_

Miscarriages: \_\_\_\_\_

Abortions: \_\_\_\_\_