NaturalHealth
Improvement Center of North Florida

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New Patient Information Form

Name _____ Date _____
Address _____ Apt.# _____
City _____ State _____ Zip _____
Shipping Address (if not above) _____
_____
Phone (____) ____-_____ Email _____
REFERRED BY: _____
Occupation: _____ Employer:_____
Date of Birth: _____ Age: ____ Sex: M / F Height: ____'____"
Overall health: (circle one): Excellent / Good / Fair / Poor / Other:_____
Chief complaint: (reason you are here): (use separate sheet if needed)
_____
Previous treatments for this complaint: _____
_____
Other complaints or problems: (use separate sheet if needed) _____
_____
Current medications/drugs being taken: (use separate sheet if needed) _____
_____
Are you currently under the care of a physician or other healthcare professionals?
(If yes, please give name and date of last visit)
_____
Nutritional supplements you are taking: _____
_____
Do you smoke, drink coffee or alcohol? (if yes indicate how much)
Cigarettes _____ Coffee _____ Alcohol_____
Daily Bowel Movement? Yes / No
Have you had any of the following? (Circle)
Silver/Mercury Dental Fillings / Mold Exposure / Breast Implants
List any major illnesses: (with approx. dates)_____
_____
List any surgery or operations: (with approx. date) _____
_____
Past Accidents or injuries: _____
_____

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

Describe health of spouse:_____ Number of children if any __

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	___	M/F	_____
_____	___	M/F	_____
_____	___	M/F	_____

Any family history of serious illnesses (circle): Cancer / Diabetes / Heart / Other

_____

Household pets or other animals you or family members are in close contact with:

_____

What can we do to make you happier? _____

_____

What did you eat over the 2 days before this appointment?

Breakfast:	Breakfast:
Snacks:	Snacks:
Lunch:	Lunch:
Snacks:	Snacks:
Dinner:	Dinner:
Snacks:	Snacks:

Thank you for taking the time to complete this form.

_____	_____	_____
Patient Print Name	Patient Sign Name	Date
_____	_____	
Guardian Print Name	Guardian Sign Name	