wholebody solutions

nutrition • chiropractic • acupuncture • brain integration

NEW PATIENT INFORMATION FORM

Please print clearly

Name_____Date _____

Address _____ Apt # _____

City _____ State _____ ZIP _____

Shipping Address (if different) _____

Home Phone (_____) _____ Work Phone (_____) _____

E-mail address: _____

Preferred Method of Communication (Please Circle): Email Phone Text

Race (Circle One): American Indian or Alaska Native/ Asian/ Black or African American/

White (Caucasian)/ Native Hawaiian or Pacific Islander/ Other/ Decline to Answer

Ethnicity (Circle One): Hispanic or Latino/ Not Hispanic or Latino/ Decline to Answer

REFERRED BY: _____

Occupation _____ Employer _____

Date of birth _____ Age _____ Sex: M / F Height _____ Weight _____

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

Chief complaint (reason you are here): (use a separate sheet if more room needed)

_____

Previous Treatments for this complaint _____

_____

Other complaints or problems: (use a separate sheet if needed) _____

_____

Current medications/drugs being taken: (use a separate sheet if needed) _____

_____

Medication Allergies:

_____

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

Name: _____ Date: _____

HISTORY:

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 _____

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 those which apply): Cancer / Diabetes / Heart /

Other _____

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

_____

What can we do to make you happier? _____

_____

SIGNED: _____ Date _____