

**Center for Nutrition and Wellness™**

**New Patient Information Form**

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Please Print Clearly:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

**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 separate sheet if more room needed):  
\_\_\_\_\_  
\_\_\_\_\_

Previous Treatments for this complaint: \_\_\_\_\_  
\_\_\_\_\_

Other Complaints or problems: (Use separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_

Current Medication/drugs being taken: (Use separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_

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

(If yes, please give name and date of your last visit):  
\_\_\_\_\_  
\_\_\_\_\_

Nutritional Supplements you are taking: \_\_\_\_\_

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office Use Only:

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

**HISTORY:**

List any major illnesses (with approx. date): \_\_\_\_\_

\_\_\_\_\_

List any surgery or operations with approx. date: \_\_\_\_\_

\_\_\_\_\_

Past accidents or injury: \_\_\_\_\_

\_\_\_\_\_

Marital Status: S M D W Name of Spouse: \_\_\_\_\_

Describe health of Spouse: \_\_\_\_\_ Number of children, if any: \_\_\_\_\_

Name of Children	Age	Sex	Any physical conditions or concerns?
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illness (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: \_\_\_\_\_