# Adult New Patient

Name_____ Birthdate_____

Address_____City_____Zip_____

PHONE - Home_____Work_____Cell_____

Fax_____ e-mail address _____ Marital Status_____

Occupation_____Who referred you ?_____

Prior Homeopathic treatment ?___By Whom_____Date Last Seen_____

IN THE EVENT OF EMERGENCY PLEASE NOTIFY:
NAME _____PHONE_____

MEMBERS OF YOUR HOUSEHOLD

| NAME | AGE | RELATIONSHIP |
|---|---|---|
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| | | |

ALLERGIES (please list all known or suspected drug sensitivities and environmental allergies)

_____
_____
_____

MEDICATIONS, VITAMINS and SUPPLEMENTS (include non-prescription and herbs)

| NAME | DOSAGE | FREQUENCY |
|---|---|---|
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# Adult New Patient

HEALTH HABITS

How many times each week do you exercise for 40 minutes or more ?_____

How do you exercise ?_____

Do you smoke cigarettes ?___ If so, how many each day ?_____ At what age did you start ?_____

Do you drink alcohol ?___ How much weekly ?____

Are you concerned about your use of alcohol ?___

Do you use other recreational drugs ?_____ Are you concerned about your use of those drugs ?____

Do you drink coffee ?_____ How much ?_____Do you eat a well balanced breakfast ?_____

Do you wear seat belts every time you are in an automobile ?_____ Are you a careful driver ?_____

Do you set aside enough time for adequate relaxation ?_____How do you relax ?_____

ARE YOU EXPOSED TO ANY TOXIC SUBSTANCES ? (Please provide details regarding those exposures that concern you)

_____

_____

WHAT HEALTH PROBLEMS ARE YOU PARTICULARLY CONCERNED ABOUT ?

_____

_____

_____

WHAT RECENT LOSSES OR UNUSUAL STRESSES HAVE YOU EXPERIENCED ?

_____

_____

_____

_____

PLEASE CIRCLE ANY DISEASES THAT YOU OR YOUR FAMILY HAVE SUFFERED

Alcohol/Drug Problems Allergies Alzheimer's Disease Anemia Arthritis/Gout

Asthma Bleeding Problems Cancer Convulsions/Epilepsy Diabetes

Eczema Emphysema Heart Trouble Hepatitis High Blood Pressure

Kidney or Bladder Problems Menstrual Problems Mental Illness Migraines

Pneumonia Polio Rheumatic Fever Stomach /Intestinal Disease Stroke

Thyroid Problems Tuberculosis Ulcers Weight Problems