
NEW CONCERN OR 3 MONTH RETURN

Name: _____ Date: _____

Address: _____ City: _____

Prov: _____ Postal code: _____ Phone: (_____) _____

1. What are your chief concerns at this time:

2. Please list medications, supplements, vitamins, minerals, herbal medicines and homeopathics that you are taking on a consistent basis:

3. How frequently have you been exercising? **Daily >3x/wk** **Seldom**

What type(s) of exercise? _____

4. Describe any lab work, imaging or special studies you have had since your last visit?

5. Have you undergone a surgery or hospitalization? Please describe:

6. Have you experienced any major "life events" since your last visit? Please describe:

7. What is your present level of commitment to address underlying causes of your signs and symptoms which relate to your lifestyle? (Rate from 0% to 100% committed)

0% 10 20 30 40 50 60 70 80 90 100%

8. What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? (please list) _____

That does *not* support your health? (Please list) _____

9. Any additional comments?