New Patient Information Form

PLEASE PRINT CLEARLY: **DATE:** _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address (if different from address above) _____

_____

Preferred Phone #: (____) _____ (if cell #) Can we text you? Y / N

email: _____

PERSONAL INFORMATION AND HEALTH HISTORY:

Date of Birth: ___-___-_____ Age: _____ Sex: M/F Height:_____ Weight: _____

Occupation: _____ Employer: _____

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

Main reason you are visiting our office (use separate sheet if needed): _____

Previous treatments for this issue: _____

_____

Other issues or complaints: _____

_____

Current medications, drugs and supplements – daily dosages (use separate sheet if needed): _____

_____

Are you currently under the care of a physician or other health care professional? (If yes, please give name and date of last visit: _____

List any major illnesses you had (with approximate date): _____

_____

List any surgery or operations (with approximate date): _____

List any past accidents or injuries: _____

_____

Do you smoke? Y / N (if yes, ___ packs/day) Drink Coffee? Y / N (if yes, _____cups/week))

Alcohol? Y / N (if yes, preferred alcohol _____ and _____drinks/week)

Amalgams?_____ Root canals_____ How many?_____

Family Information:

Marital Status (circle one): S M D W

Spouse's Name: _____ Spouse's Health: _____

Number of children (if any): _____ (please use extra sheet if needed)

Name:	Age:	Sex: M/F	Physical conditions or concerns:

Any family history of serious illnesses (circle all that apply):

Cancer Diabetes Heart Other: _____

Do you have household pets that you have daily contact with? If yes, what kind:

_____

Who can we thank for referring you to us? _____

SIGNED: _____ DATE: _____

Dietary Intake for 2-days before appointment:

	Day 1	**Day 2**
Breakfast:		
Snack:		
Lunch:		
Snack:		
Dinner:		
Snack:		

For Office Use Only

Height _____ **Weight _____**

HRV _____ **BP _____**

HSR _____ **PO2_____** **Pulse_____**

Notes: