

Client Information Sheet – Confidential

Please complete BOTH SIDES and bring this form to the initial consultation.

Full name _____ Date of Birth _____

Parent/guardian's name if child _____

Address _____

Phone (home) _____ Phone (work) _____

Email _____ Cell phone _____

How did you find me? Internet Yellow Pages Health Fair Class/talk Ad Where? _____

Brochure Where? _____ Referral Whom should I thank for referring you? _____

Height _____ Weight _____ Place of birth _____

Name of primary health care provider _____

Address _____

Phone (_____) _____

Please list all prescription medications currently taken (use a separate sheet if needed)

Please list any implanted medical devices e.g. pacemaker, joint replacements, IUD, breast implants etc.

Please list any over the counter medications used

Please list any herbal, nutritional and vitamin/mineral formulas used

Continued over ...

Please list all homeopathic remedies taken, either currently or previously, with dates (approximate is okay)

Please list any other treatments used (e.g. chiropractic, osteopathy, cranial-sacral therapy, Reiki/energy work, body work, acupuncture, acupressure, shiatsu, aromatherapy, spiritual healing, counseling, hypnotherapy, psychotherapy etc)

Please give a brief summary of major illnesses, injuries or other medical events from birth to the present, with dates (approximate is okay). Use a separate sheet if needed

Please give a brief outline of any major changes or events in your life that you feel affected you (including during childhood) with dates (approximate is okay). Use a separate sheet if needed

Please list any serious medical conditions (e.g. cancer, diabetes, TB, heart disease, mental illness, etc) of mother, father, sisters, brothers and grandparents on both sides.

Thank you