Holistic Healing Arts Centre

Angela Barry-Dignard, N.D.
Doctor of Naturopathic Medicine

Name:____ Date: ____________

Age: _______ Date of Birth (dd/ mm/ yy) _______________________________ Sex: M F

Address: ____ E-mail: __________________________
City:___________________________ Postal Code: _____________ Telephone # _______________

Occupation: _______________________ Employer: ____

Emergency Contact: ____
Name Telephone Number

Does your Insurance cover naturopathic medicine? YES_____NO _____

Name of employer providing insurance coverage____

How did you hear about us? ____

How can we help you? (what is your health problem?) _______________________________________

When did your problem start? ____

What seems to make it better? ____

What seems to make it worse? ____

Are there related symptoms? ____

Are there any other health problems that you would like to have treated?

List in order of importance:

1. ____

2. ____

3. ____

What treatments, medicines, drugs are you taking or have taken? When and for how long? How did these methods affect you? ____

____

What vitamins or suppplements are you taking? ____

____

What operations (surgery) have you had? Give date What effect did it have on you?
________________________________ _________ _________________________________
________________________________ _________ _________________________________
________________________________ _________ _________________________________

Turn Over

Indicate below, which ailments have affected your relatives. Give ages even if they are/were healthy. Possible ailmenst include: Alcoholism, Allergies, Arthritis, Asthma, Cancer, Diabetes, Epilepsy, Frequent Colds, Gonorrhea, Gout, Hay Fever, Heart, Hysteria, Insanity, Nervous Breakdown, Paralysis, Pneumonia, Skin Infections, Syphilis, TB, Ulcers, and others.

	AGE IF ALIVE	AGE AT DEATH	AILMENTS
FATHER			
MOTHER			
BROTHERS			
SISTERS			
MATERNAL GRANDFATHER			
MATERNAL GRANDMOTHER			
MATERNAL AUNTS/UNCLES			
PATERNAL GRANDFATHER			
PATERNAL GRANDMOTHER			
PATERNAL AUNTS/UNCLES			

Have you ever been to a Naturopathic Physician before? YES NO

Do you know what a Naturopathic Physician does? YES NO

(Please Indicate painful areas with an "X".)