

# HOLISTIC HEALING ARTS

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Reg #1792

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ If you're unavailable at this number, may we leave a message? Y N

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

Does your insurance cover consultations with a Naturopathic doctor? \_\_\_\_\_ Remedies Recommended? \_\_\_\_\_

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 they 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 supplements are you taking? \_\_\_\_\_

What operations (surgeries) have you had?

Give date

What effect did it have on you?

Indicate below, which ailments have affected your relatives. Give ages even if they are/were healthy. Possible ailments 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.

	<b>AGE IF ALIVE</b>	<b>AGE OF DEATH</b>	<b>AILMENTS</b>
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")**

