

# Initial Visit Form

*I'm looking forward to our visit.*

*If you need to reschedule an appointment,  
please do so at least a day in advance. Thanks.*

*If an appointment is missed without appropriate notification or a fairly good reason, a \$15  
charge will be assigned to your next bill.*

*-Dr. Angela*

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

Date of birth \_\_\_\_\_ Sex M F

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mailAddress: \_\_\_\_\_

If needed, can I e-mail you regarding discussion we had in your visit? Y / N

Phone number (circle your preference):

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_

Emergency contact Phone number: \_\_\_\_\_

Relation: \_\_\_\_\_

How did you hear about the clinic? \_\_\_\_\_

Other health care providers you are seeing:

1. _____ _____ _____ ( ) _____	2. _____ _____ _____ ( ) _____	3. _____ _____ _____ ( ) _____
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**What are your health concerns, in order of importance to you:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**If you are female are you currently pregnant or do you suspect yourself to be pregnant?**

**Yes No (Please circle one)**

**Medical history**

**How would you describe your general state of health? Excellent Good Fair Poor**

**Please indicate any serious conditions, illnesses or injuries, and any hospitalizations; along with approximate dates.**

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**Do you have any allergies (medicines, environmental, etc.)?**

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**Please list all current medications (prescription, over-the-counter, vitamins, herbs, homeopathics, etc.)**

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**Please list past prescription medications.**

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**How many times have you been treated with antibiotics? \_\_\_\_\_**

Do you frequently use any of the following? (circle)

Aspirin / Laxatives / Antacids / Diet pills / Birth control pills/implants/injections

Alcohol—how much/day or week \_\_\_\_\_

Tobacco—form and amount/day  
\_\_\_\_\_

Caffeine—form and amount/  
day \_\_\_\_\_

Marijuana or Hashish \_\_\_\_\_

Other Recreational drugs—what and how often \_\_\_\_\_

Please indicate what immunizations you have had

<input type="checkbox"/> DPT (diphtheria, pertussis, tetanus)	<input type="checkbox"/> Haemophilus influenza B	<input type="checkbox"/> Hepatitis A
<input type="checkbox"/> Tetanus booster; when? _____	<input type="checkbox"/> "Flu"	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> MMR (measles, mumps, rubella)	<input type="checkbox"/> Polio	<input type="checkbox"/> Smallpox

Other \_\_\_\_\_

Please indicate if any caused adverse reactions:

\_\_\_\_\_  
\_\_\_\_\_

Do you get regular screening tests done by another doctor? (Pap, blood tests, etc.)? Y / N

**Diet**

Do you have any food allergies or intolerances? Please list.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any dietary restrictions (religious, vegetarian/vegan, etc.)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Describe a typical day's diet:**

**Breakfast**

\_\_\_\_\_

**Lunch**

\_\_\_\_\_

**Dinner**

\_\_\_\_\_

**Snacks**

\_\_\_\_\_

**Beverages (and total quantity)**

\_\_\_\_\_

**Family history**

**Indicate if a close relative (parent, child, sibling) has had any of the following:**

	<b>Please indicate which family member</b>
<b>Allergies</b>	
<b>Asthma</b>	
<b>Heart Disease</b>	
<b>High Blood Pressure</b>	
<b>Cancer</b>	
<b>Diabetes</b>	
<b>Depression</b>	
<b>Other Mental Illness</b>	
<b>Drug Abuse/Alcoholism</b>	
<b>Kidney Disease</b>	
<b>Other</b>	

**I don't know my family medical history**

**Environment**

**Occupation** \_\_\_\_\_

**Hobbies**

\_\_\_\_\_

**Do you exercise regularly? Y / N What do you do for exercise, how much, how often?**

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**Are you exposed to significant tobacco smoke (work, home, etc.)? Y / N**

**Are you frequently exposed to animals (work, pets, etc.)? Y / N**

**How is your home heated?**

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**Are you regularly exposed to toxins or other hazards (work, home, hobbies, etc.)? Please describe.**

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**How would you describe the emotional climate of your home?**

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**How stressful is your work, or other aspects of your life? How well do you handle these stresses?**

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**Is there anything that you feel is important that has not been covered?**

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For file use only