What are the main health problems for which your are seeking treatment?

_____

_____

What other forms of treatment have you sought? _____

_____

_____

List any other health problems you now have. _____

_____

_____

_____

List any allergies, food sensitivities or food craving that you have. _____

_____

_____

_____

List any accidents, surgeries, or hospitalizations (include date). _____

_____

_____

_____

_____

Lab Results: (please include copies) _____

_____

_____

Clinical Notes

(Intern's Use)

HPI:

❑ Onset	❑ Location	❑ Duration	❑ Characteristics
❑ Aggravate/allev	❑ Related factors	❑ Treatment	❑ Significance

How do you FEEL about the following areas of your life?

Please check the appropriate boxes and indicate any problems you may be experiencing.

	Great	Good	Fair	Poor	Bad
significant other	❑	❑	❑	❑	❑
Family	❑	❑	❑	❑	❑
Diet	❑	❑	❑	❑	❑
Sex	❑	❑	❑	❑	❑
Self	❑	❑	❑	❑	❑
Work	❑	❑	❑	❑	❑
Exercise	❑	❑	❑	❑	❑
Spirituality	❑	❑	❑	❑	❑

Your Comments

_____

_____

_____

_____

_____

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_____