

**Patient Information**

Name \_\_\_\_\_ Date: \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Email \_\_\_\_\_ Weight \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Occupation \_\_\_\_\_  
 Emergency notify: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_ How did you hear about us? \_\_\_\_\_  
 Would you like to receive our newsletter? cYes c No Are you interested in NAET? cYes c No

**Please check all that apply:**

**Musculo-Skeletal:**

- Neck pain
- Shoulder Pain
- Muscle Spasms / Cramps
- Arm Pain
- Upper Back Pain
- Mid Back Pain
- Low Back Pain
- Leg Pain
- Osteoporosis
- Arthritis
- Joint Pain

**Cardiovascular Conditions:**

- Heart Disease
- Pacemaker
- High Blood Pressure
- Low Blood Pressure
- Chest Pain
- Palpitations
- Stroke
- Varicose Veins
- Edema

**Emotional / Mental:**

- Clinical Depression
- Mild Depression
- ADD or ADHD
- Schizophrenia
- Mood Swings
- Panic Attacks

- Nervousness
- Anxiety
- Alzheimer's
- Energy & Immunity:**
- Chronic Fatigue Syndrome
- General Fatigue
- Slow Wound Healing
- Easy Bruising
- Chronic Infections
- Frequent Allergies
- Hay Fever

**Respiratory:**

- Pneumonia
- Asthma
- Frequent Common Colds
- Difficulty Breathing
- Emphysema
- Persistent Cough
- Pleurisy
- Tuberculosis
- Shortness of Breath

**Head, Eye, Ear, Nose & Throat:**

- Eye Pain/Strain
- Glaucoma
- Tearing / Dryness
- Impaired Hearing
- Ear Ringing
- Earaches
- Ear Infections
- Headaches
- Sinus Problems

- Nose Bleeds
- Teeth Grinding
- Frequent Sore Throats
- TMJ / Jaw Problems

**Genito-Urinary Tract:**

- Kidney Disease
- Kidney Stones
- Painful Urination
- Dribbling Urination
- Frequent UTI
- Frequent Urination
- Blood in Urine
- Incontinence

**Neurological:**

- Vertigo / Dizziness
- Paralysis
- Numbness / Tingling
- Loss of Balance
- Seizures / Epilepsy

**Gastrointestinal:**

- Stomach Ulcers
- Changes in Appetite
- Nausea / Vomiting
- Epigastric / Abdominal Pain

**Endocrine:**

- Passing Gas
- Heart Burn
- Belching
- Gall Bladder Disease
- Gall Bladder Stones
- Hemorrhoids
- Constipation
- Diarrhea

- Hypothyroid
- Hypoglycemia
- Hyperthyroid
- Diabetes Type I
- Diabetes Type II
- Night Sweats
- Unusual Sweating

**Liver Conditions:**

- Hepatitis A
- Hepatitis B
- Hepatitis C

**Gall Bladder:**

- Removed
- Cystic
- Pain

**Other:**

- Cancer

Type: \_\_\_\_\_

- Fibromyalgia
- Lupus
- Candida
- Anemia
- Rashes
- Eczema / Hives
- Cold Hand / Feet

**Men Only:**

- Impotence
- Vasectomy
- Date: \_\_\_\_\_
- Prostate problems
- Testicular Pain / Redness / Swelling
- Low libido

**Medical History**

Reason for your visit here today: \_\_\_\_\_

Diagnosed by a MD?  No  Yes (Diagnosis: \_\_\_\_\_) How long have you had this condition? \_\_\_\_\_

How does this condition affect you? \_\_\_\_\_

Please list any other medical provider you are seeing for this condition, with their specialty: \_\_\_\_\_

Were you referred here by a medical provider? If so, please enter their name and specialty: \_\_\_\_\_

Do you currently have any infectious diseases?  Yes  No  Possibly If Yes, please identify: \_\_\_\_\_

**Accidents / Hospitalizations / Surgeries in the past 10 years:**

**Please list all prescription and over the counter medications you are currently taking (Use additional paper if necessary):**

Drug Name	Reason for taking	For how long
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The above information is true to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_