Healing Tree NHIC
NEW Client INFORMATION FORM

Please print clearly:

Name Date

Address Apt.#

City State ZIP

Home Phone (____) ____-_________ Mobile Phone (____) ____-_________

E-mail address: ____

REFERRED BY:

Occupation Employer

Date of Birth Age ____ Sex: M/F Height _____ Weight _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other:

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint

Other complaints or problems: (use separate sheet if needed)

Current medications/drugs being taken: (use separate sheet if needed)

Are you currently under the care of a physician or other health care professionals?
(If yes, please give name and date of last visit):

Nutritional supplements you are taking:

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes Coffee Alcohol

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Office Use Only:

Healing Tree NHIC
NEW PATIENT INFORMATION FORM

Name: Date

HISTORY:

List any major illnesses (with approx. dates):

List any surgery or operations with approx. date:

Past Accidents or injuries:

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Marital Status: S M D W Name of Spouse

Describe health of spouse: Number of children if any

Name of Child	Age	Sex	Any physical conditions or concerns?
		M/F	
		M/F	
		M/F	

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier?

SIGNED: DATE