

Date	I.D. #	NRT
------	--------	-----

Alternative Health Care Center

20415 Mack, Grosse Pointe Woods, MI 48236
(313) 881-7677

Confidential - Personal Health History

Name _____ Address _____

City _____ State _____ Zip _____

Cell _____ Home _____ Alternative phone # _____ Cell _____
Primary contact #: _____ Home _____ Home _____

Preferred contact for appointment confirmation Text _____ Call _____ Email _____

May we email you 1 time to remind you of upcoming seminar, if you have not yet attended? Yes _____ No _____

Date of Birth _____ Age _____ Sex: Male _____ Female _____

Marital Status: Married _____ Single _____ Widowed _____ Divorced _____

Emergency Contact: _____ Phone # _____ Relationship _____

Referred to this office by _____

If you are interested in receiving up-to-date natural health tips, seminar dates, recipes, etc. by email, please provide your email address: _____

Current Health Condition

Health problems that brought you to this office: _____

Have you seen other doctors for this condition? _____ Type of treatment _____

Results: _____

List any major illnesses with approx. dates: _____

List any surgeries or operations with approx. dates: _____

List past accidents or injuries with approx. dates: _____

Habits: Coffee: Cups/day # _____ Cigarettes: Packs/day # _____ Alcohol: Drinks/week # _____

List any drugs you are taking (including aspirin, antacids, etc.) and the purpose for each: _____

List allergies: _____

Family history of serious illness (cancer, diabetes, heart trouble, etc.) _____

Signed: _____ Date: _____