

Queen Anne Naturopathic Center, Ltd.

315 1st Avenue West, #A, Seattle, WA 98119 (206) 281-4282 FAX 285-6854

CONFIDENTIAL ADULT PATIENT PROFILE – ACUTE/PROBLEM FOCUSED VISIT

(This is a confidential medical record and will not be released without your authorization)

Please print clearly!

NAME _____ Sex _____ Today's date _____

ADDRESS _____

CITY/STATE/ZIP _____

AGE _____ BIRTH DATE _____ SS# _____ - _____ - _____

PHONE home: (____) _____ - _____ work: (____) _____ - _____ Cell: (____) _____ - _____

E-mail: _____

In Case of Emergency, Contact: _____ Relationship _____

PHONE home: (____) _____ - _____ work: (____) _____ - _____ Cell: (____) _____ - _____

Please tell us how you found out about our office or who you were referred by: _____

Are you currently being seen by other health practitioners? (Please list names & phone # if avail.)

Social History:

Your Occupation _____ Employer _____

Check: Current Spouse/Partner Single Separated Divorced Widowed

Children? (if yes, list sex and ages) _____

Physical History:

What is the reason for your visit? _____

List Rx and non-prescription medications presently taking, with dosage:

List Vitamins, minerals, herbs, homeopathic remedies presently taking, with dosage:

Past injuries, accidents, serious illnesses, hospitalizations, surgeries: (related to the reason for your visit, plus approximate age or year it occurred) _____

Family Health History: (related to the reason for your visit) _____

Are you allergic to any medications or supplements? (list drug/supplement and reaction)

