Queen Anne Naturopathic Center, Ltd.

315 1st Avenue West, Suite A, Seattle, WA 98119 (206) 281-4282 Fax: (206) 285-6854

CONFIDENTIAL ADULT PATIENT PROFILE

(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 _____
Circle One: Current Spouse/Partner Single Separated Divorced Widowed
Children? (if yes, list sex and ages) _____
Educ.Level: ___ HS not completed ___ HS/GRD ___ College not completed ___ College Grad.
Spiritual practice? ___ Yes ___No Relaxation/Amusements/Hobbies: _____

Physical Complaints: Blood Type: _____

What is the reason for your visit? Please list your most important present health concerns in order of significance.

1) _____ 4) _____
2) _____ 5) _____
3) _____ 6) _____

List prescription (Rx) and non-prescription (O-T-C) medications presently taking, with dosage:

_____ _____
_____ _____
_____ _____

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

_____ _____
_____ _____
_____ _____
_____ _____

Past Hospitalizations, Surgeries: (List reason, type and your approximate age or year it occurred)

_____ _____
_____ _____

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Other past injuries, accidents, serious illnesses or childhood illnesses?

_____
_____
_____

Last complete physical: (month & yr.) _____Reason _____
Men age 35+ and Women age 45+: Last Cholesterol Lab test? (month & yr.) _____
Women - Last PAP smear: (month & yr.) _____ Results? ____ normal ____ abnormal
Last mammogram: (month & yr.) _____ Results? ____ normal ____ abnormal
Men - Last PSA blood test: (month & yr.) _____ Results? ____ normal ____ abnormal
Last prostate exam: (month & yr.) _____ Results? ____ normal ____ abnormal

Are you allergic to any medications or supplements? _____ YES _____ NO

If YES, list drug/supplement and reaction: _____
_____
Are you allergic to any foods? Are there any foods that don't agree with you? (list food and reaction)

_____
_____
Any environmental allergies? _____

Lifestyle History:
Average hours of sleep/night _____ Do you feel this is enough sleep? _____
Describe your sleep: ____ unbroken I wake up _____ time(s)/night Rested in AM?____
Describe any other difficulties or patterns with your sleep _____
_____
How many hours do you work per week on average: _____
Rate your stress level (5 being <u>most</u> stressful) 1 2 3 4 5
Rate your energy level (5 being <u>most</u> energetic) 1 2 3 4 5
Rate your activity level: a. sedentary b. slightly active c. moderately active d. significantly active
Exercise periods per week? _____ Duration of exercise periods _____
Exercise activities: _____
Freq. of bowel movements: _____ per day or _____ per week, ___ loose ___ normal ___ hard
Cigarette/Cigar/Chewing tobacco use history: _____ never
___ former: (between ages _____ - _____ packs/day ____) ___ current: (since age _____ packs/day ____)
Alcohol intake history/qty per day or week: _____
Coffee/Soda/Caffeine intake history/qty per day: _____
Recreational drug use history: _____

Diet History:
Dietary preference: __ Std. American __ Reduced red meat ___ Chicken/Turkey/Fish
___ Fish & Vegetarian __ Vegetarian only (How many years? ____) __ Whole grains
I eat on average _____ meals per day _____ snacks per day _____ I graze all day

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FAMILY HEALTH HISTORY - CAUSE OF DEATH: (blood relatives)

	still alive at age:	**OR** *age at death:*	*Cause of death:*
MOTHER:	____	____	_____
Maternal GM:	____	____	_____
Maternal GF:	____	____	_____
FATHER:	____	____	_____
Paternal GM:	____	____	_____
Paternal GF:	____	____	_____

Longevity present in other family members?

My appetite is:

I eat on average # servings per day (/d) or week (/w):

_____ meat _____ salads _____ vegetables _____ fruit

_____ whole grains _____ bread/white rice/potato

How much do you drink daily? (qty - i.e. ounces, glasses, cups/type - i.e. soda, tea, coffee, water)

_____