NEW PATIENT APPLICATION

PATIENT	INFORI	MATION	ı							
Patient Name					Employe	er / School				
r dilom ridino	V.	LAST N	AME	-75		ion				
Address	FIRST NAME		MIDDLE	INITIAL	•					
Address					•	s Name				
City		S	state	Zip		s Employer				
Home Phone					Spouse's	s Occupation				
Cell Phone					IN CASE	OF EMERGE	NCY, CON	NTACT		
Email	-				Name _					
Sex □ M 〔	⊒ F Age	E	Birthday		Relations	ship				
☐ Married	☐ Widow	ved □	Single [☐ Minor	Contact	Number				
□ Separated	□ Divorc		Partnered			y we thank fo				
- Separated	_ DIVOIC	eu u	railleieu		WIIO III	y we mank to	i reterring	, you:		
HOW CA	N WE HI	ELP YO	U?							
What brings yo	u in today?									
If you are alread	dy experiencir	ng a symptor	m, what is it?							
How bad is it?	How intense a	are your sym	ptoms? (circle	e) 0 NO SYMPTOMS	0 0	0	6 6			NTENSE MPTOMS
Please circle ar	eas to the rigl	ht where you	have pain or	other symptor	ms:	الله الله الله الله الله الله الله الله) (3 5		
What does it fe	eel like? (chec	k where app	propriate)) 1 (1 1		
Numbness		Sharp				/ \		// \\ \		
□ Tingling		Shooting				(9) X	16) (8	17/6		
☐ Stiffness		Burning				~\	, 0	\ \ \ \ \ \		
□ Dull		Throbbing) X (1) (
□ Aching		Stabbing				())		(\{ \}		
ŭ		_				\		\ (\ /		
☐ Cramping		Swelling) \/ () \		
Nagging		Other								
IMPACT	OF YOU	R SYMI	PTOMS							
How is this syn	nptom / condi	tion interferir	ng with your li	fe? (check who	ere appropriate)					
	No Effect	Mild Effect	Moderate Effect	Severe Effect			No Effect	Mild Effect	Moderate Effect	Severe Effect
Work					Energy		-			
Exercise					Attitude		_			
Recreation					Patience		_			
Relationships					Productivity		<u> </u>			
Sleep					Creativity		_			
Self-Care					Other		_			
How committed	d are you to c	orrecting this	N	0 1 IOT MITTED	2 6	4 6	6	0	3 9	VERY DIMMITTED

			LINESS	**		S CO	NTINU	Civi			
				CO	MFOI	RT					
PRE-	- Disea	se Devel	oping —		ZONE		— Wellne	ss Devel	oping —	→ HIC	H-LEVEL
MATURE DEATH				(FALS	E WELLN	IESS)				W	ELLNESS
0	1	2	3	4	5	6	7	8	9	10	
DISEASE		POOR HE			NEUTRAL			OD HEALTH			AL HEALTH
Multiple medications Poor quality of life		Sympto Drug the	erapy	Nutriti	o symptom ion inconsi:	stent	G	gular exercisood nutrition		Continuo	% function us developmer
Potential becomes limited Body has limited function	L	Surge osing norma			rcise spora not a high p			ness educati nerve interfe			participation ness lifestyle
the arrow diagram ab											
<mark></mark> What number do you	think rep	oresents yo	our health to	oday?							
3. In what direction is y	our healt	h currently	headed?								
_		ii cuireiiiy	neaded: _								
at are your health goa	s?										
IMMEDIATE _											
SHORT TERM											
GITGITT TELLWI											
LONG TERM											
LONG TERM											
LONG TERM											
LONG TERM											
HILDREN 8 P	REGI	NANCY	/								
HILDREN 8 P	REGI	NANCY	/			Are you c	urrently pre	egnant?	□ No	□ Yes, I a	ım due
HILDREN & P	REGI u have?	NANCY	/		. A	•		•		•	
HILDREN & P ow many children do you	REGI u have?	NANCY	/		. <i>A</i>	Number o	of past preg	nancies?			
HILDREN & P	REGI u have?	NANCY	/		. <i>A</i>	Number o	of past preg	nancies?			
HILDREN & P w many children do yo ildrens' ages?	REGI u have?	NANCY	/		. <i>A</i>	Number o	of past preg	nancies?			
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