

Patient Name:		DOB:
Person Scheduling:		Emergency Contact:
Facility Name:		Facility Contact Name:
Facility Contact Number:		Facility Fax:
Reason for Visit: _____		
_____		
_____		
Treatments Tried: _____		
_____		
_____		
_____		
Please bring any relevant lab work and pathology results to the appointment.		
Medical History:		
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Eczema	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Psoriasis	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Rheumatoid Arthritis	<input type="checkbox"/> COPD
<input type="checkbox"/> Migraine	<input type="checkbox"/> Asthma	<input type="checkbox"/> Skin Cancer
		<input type="checkbox"/> Other Cancers _____
		<input type="checkbox"/> Autoimmune Conditions _____
		<input type="checkbox"/> Mental Disorders _____
		<input type="checkbox"/> Infectious Conditions _____
Other medical conditions: _____		
_____		
_____		
Allergies: NKDA or _____		
Please list current medications below or bring a a list of current medications to the appointment.		
Current Medications: _____		
_____		
_____		
_____		
_____		
_____		
_____		