



New Patient History

1. Name:

2. Date of Birth:

3. Primary Care Physician:

4. Referring Physician:

5. Occupation:

6. Last dental cleaning:

7. Describe your diet (Paleo, Gluten Free, etc.):

8. Surgeries (Date & Type):

9. Family Health History: (Cancer, Diabetes, Heart Issues, etc)

Paternal/Father's side:

Maternal/Mother's side:

10. Age of first period:

11. Age of last period:

12. Have you been diagnosed with any health issues?

13. Medications prescribed by your doctor:

14. Current Diagnostic Tests (colonoscopy, bone density, etc):

15. Would you describe your health: Good, Fair, or Poor? Please circle one