900 Skokie Blvd., Suite 140
Northbrook, Illinois 60062
847-272-8120

Please answer all questions completely so that we can provide you with the best possible care. All information is strictly confidential.

GENERAL PATIENT INFORMATION

Last Name: ___________________________ First Name: _______________________ Date: ___________

Address: _______________________________ City: _________________ State: _____ Zip: __________

Telephone: Home ______________________ Work ____________________ Cell _____________________

E-Mail: ________________________________ Age: _________ Date of Birth: _______________________

Occupation: ___________________________ Employer: ____

Marital Status: ____ Single ____ Married ____ Widowed ____ Divorced ____ Separated

Spouse's Name: ________________________ Name of Guardian (if under 18): ______________________

Emergency Contact: ___________________________________ Phone Number: ____________________

How did you hear about Essential Wellness? ____

Are you currently receiving health care treatments? ____

If yes, please give us details including condition and name of physician_____________________________

____

____

Current Medications: Please list any prescription medications or over the counter medications you are taking.____

____

Daily Dosage:____

(GENERAL PATIENT INFORMATION CONTINUED)

Do you have a current medical condition(s) (e.g. Epilepsy, Pregnant)?______________________________

____

What are your most important health concerns?

1. ____
2. ____
3. ____

<u>Please list the tested or suspected allergies and describe your symptoms:</u>

Foods: ____

____

____

____

Seasonal: ____

____

____

____

Drug / Other: ____

____

____

____

Do you smoke? _______ Yes _______No Do you have pets? ______Yes ______ No

Please read the separate "New Patient Information Form." Sign below when you have finished.

Yes, I have read and understand the items listed on the New Patient Information Form.

Signature: ____ Date: _________________________

(If under the age of 18, must be signed by Parent of Legal Guardian