

Elegance Healing
New Client Information Form

Please Print Clearly:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Shipping Address _____

Home Phone _____ Alternate Phone _____

Email address _____

Referred By _____

Occupation _____

Date of Birth _____ Age _____ Sex M / F Height _____ Weight _____

Overall Health (Circle one): Excellent / Good / Fair / Poor / Other

Chief Complaint (Reason you are here) _____

Other complaints/problems _____

Current medications/drugs you are taking _____

Are you currently under the care of a physician or other health care professional? _____

If yes, please give name and date of last visit _____

Nutritional supplements you are taking _____

Are you? (Circle one) Vegetarian / Vegan / Neither / _____

Indicate below how much per day or week:

Cigarettes _____ Coffee _____ Alcohol _____

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HISTORY

List any major illnesses with approximate dates _____

List surgeries or operations with approximate dates _____

Past accidents or injuries with approximate dates _____

Marital Status (Circle one) S M D W If married, Name of Spouse _____

Describe health of spouse _____

Name of Child	Age	Sex	Physical conditions or concerns
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____
_____	_____	M / F	_____

Any family history of serious illness? _____

Circle those which apply Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with

What can we do to make you happier? _____

SIGNED _____ **DATE** _____