east • west • wellness
OF MARIN

New Client Information

Please print clearly

Name: _____Date: _____

Address: _____Apt. # _____

City: _____State: _____Zip: _____

Shipping Address: _____

Home Phone:(___)_____-_____ Work Phone:(___)____-_____

Cell Phone:(____) _____-_____ Email Address: _____

Easiest place to reach you: _____ May we leave a message? Y/N

Referred by: _____

Occupation: _____Employer:_____

Date of Birth: _____Age: _____ Height: _____Weight:_____

Current Complaints (reason you are here) listed in order of priority:

_____

_____

_____

_____

_____

Current medications/drugs being taken with dosages: _____

_____

_____

Are you currently under the care of a physician or other health care professionals? If yes, please give name: _____

Are you currently taking vitamins, herbs or nutritional supplements? If yes, please list:

_____

_____

Personal Habits: Do you use the following and if so, how much?

Cigarettes_____Coffee_____Alcohol_____

Soda _____ Sugar_____ Non prescription drugs _____

HEALTH HISTORY:

List any major illnesses, injuries, surgeries (with approx. dates):

_____

_____

_____

_____

_____

Any major scars or body piercings (please list):_____

# of pregnancies: _____ Are you currently pregnant: Y/N

Marital status (please circle): Single, Married, Divorced, Widowed

Name of Spouse or Partner: _____

Describe health of Spouse or Partner: _____

# of Children: _____ Any concerns or health issues (if so, please list):

_____

_____

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Stroke / Other:

_____

_____

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

_____

How can we help you? _____

_____

_____

SIGNED: _____ DATE: _____

east • west • wellness
OF MARIN
209 San Anselmo Ave
San Anselmo, CA 94960
415.272.9516
drevebernstein@gmail.com