SCARSDALE HEALTH AND WELLNESS
NEW PATIENT INFORMATION FORM

Please print clearly:

Name Date
Address Apt.#
City State ZIP

Home Phone (____) ____-_________ Work Phone (____) ____-_________
E-mail address: ____

REFERRED BY:

Occupation Employer
Date of Birth Age ____ Sex: M/F Height _____ Weight _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other:

Please list your health concerns in order of priority:
1.
2.
3.____
4.____
5.____

Previous treatments for your main health concern(s)

What do you believe is causing your main health concern?

How does it impact your quality of life? ____
____

Current medications being taken: (use separate sheet if needed)

Are you currently under the care of a physician or other health care professionals?
(If yes, please give name and date of last visit):

Nutritional supplements you are taking:

Do you smoke, drink coffee or alcohol? (If yes indicate how much)
Cigarettes Coffee Alcohol

Do you exercise regularly? ______ If yes, please describe what you do:
____

How much water do you drink on average per day? __________

Emotional Stress Scale *Please circle*

1	2	3	4	5	6	7	8	9	10
No stress				Moderate					Extremely Stressed

How many hours do you usually sleep at night? ___________
What time do you go to bed? ___________
Do you wake feeling refreshed? __________________
Do you experience sudden drops in energy? ________ If yes, when?

How often do you have a bowel movement? _________

Food Journal for 2 days before appointment:

Breakfast:

Snacks:

Breakfast:

Snacks:

Lunch:	Lunch:
Snacks:	Snacks:
Dinner:	Dinner:
Snacks:	Snacks:

HISTORY:

List any major illnesses (with approx. dates):

List any surgery or operations with approx. date:

Past Accidents or injuries:

Marital Status: S M D W Name of Spouse

Describe health of spouse: Number of children if any

Name of Child	Age	Sex	Any physical conditions or concerns?
		M/F	
		M/F	
		M/F	

Any family history of serious illnesses (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