NEW PATIENT FORM (FAX TO 203-324-4743)

Full Name:	**Date of Birth:**	**Home Phone:**
Sex:	**Age:**	**Work Phone:**
Street Address:		**Cell Phone:**
City/State/Zip:		**Email:**
Spouse:		**ICE Phone:**
Contact Person In Case of Emergency (ICE):		**Relationship:**
Pharmacy Phone:		**Referrer:**

CC/HPI:

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(Q1) Main Problem (eg. The main problem or symptom that brings you here today):

(Q2) Other closely related symptoms or problems?

(Q3) How Long Ago did the Main Problem Start (ONSET)?

(Q4) When was the main Problem diagnosed (ONSET) ?

(Q5) How did the Main Problem Start?

(Q6) What was the First Symptom?

(Q7) Select major stress that were occuring when the problem started:

□ STRESS- FINANCIAL	□ DEATH OF LOVED ONE	□ ILLNESS / INJURY	□ NOT APPLICABLE
□ STRESS- MARITAL	□ DIVORCE	□ SEXUAL ABUSE	
□ STRESS- SCHOOL	□ NEW BABY	□ OTHER ABUSE	
□ STRESS- WORK	□ PREGNANCY	□ CHANGE OF RESIDENCE	

(Q8) What has happened since the medical problem started?
A brief chronological outline of Symptoms/problems, doctors seen, test, treatments, etc.

Example:
1998 --> Experienced Low Energy + Hair Loss + Wt Gain -->PCP + Endo --> Blood work + ultrasound --> diagnosed hypothyroid --> Synthroid 50mcg.
1999 --> High Sugar --> Primacy Care Doctor --> Blood work ---> Diabetes ---> Metformin 1000 twice daily.
2000 --> Breast Cancer --> PCP + Oncologist --> Blood work, mammo, surgery.
2011 --> Always tired --> PCP + Lyme Doctor ---> Blood work --> Lyme Disease ---> Antibiotics
2012 --> Persistent sore throat --> ENT --> Tonsillectomy.

(Q9) This problem is □Getting better □Getting worse □Stable

(Q10) The problem is □Constant □On and off □Resolved □Up and down □Other

(Q11) How bad is the problem □Mild □Mild to moderate □Moderate □Moderate to severe □Severe

(Q12) How does this problem affect you? □Causes no problems □ Cant'work □ Impairs relationship □Accomplish less □Feel bad

(Q13) Location of problem (e.g ARM / LEGS / ALL OVER / HEAD / NOT APPLICABLE):

(Q14) Approximate number of doctors seen for this: 0 1 2 3 4 5 6 7 8 9 10 +10

(Q15) Name, specialty and town of the Healthcare main providers seen for this problem.
(Ex: Morris-NEURO/Los Angeles, CA) (Ex: Neilson-ORTHO/Knoxville, TN) (Ex: Neilson-URO/Rhode Island.)

(Q16) Current Treating Doctors (Including Primary Care Provider, GYN, psychiatrist/etc.):

(Q17) Treatments/medications/ factors that HAVE HELPED this problem:

(Q18) Treatments/medications/factors that DID NOT HELP this problem:

(Q19) Treatments/medications/factors that have made this problem WORSE:

(Q20) Other Details:

Medical History
List *ALL* Major Medical Problems and Hospitalizations. Do not list surgeries here.

(Q21- 22) Diagnosis #1 and Treatments:

(Q23-24) Diagnosis #2 and Treatments:

(Q25-26) Diagnosis #3 and Treatments:

(Q27-28) Diagnosis #4 and Treatments:

() Diagnosis #5 and Treatments:

() Diagnosis #5 and Treatments:

(Q29) Other Major Medical Problems.

Surgical History

(Q30) Surgical history:

- Vaginal Deliveries: 0 1 2 3 4 5

- Surgeries:

Medications

(Q31) Medications:

(Q32) Supplements:

Allergies

(Q33) Medication Allergies:

(Q34) Other Allergies:

(Q35) Sensitivities or Reactions to foods/meds/other:

Family Medical History

(Q36)Father's age (or age at death):
(Q37) Father's major medical problems:

(Q38)Mother's age (or age at death):
(Q39) Mothers Major Medical problems:

(Q40) Siblings' Major Medical problems:

(Q41) Children ' Major Medical problems:

(Q42) Grandparents ' Major Medical problems:

(Q43) Extended Family Members' Major Medical problems:

Social History

(Q44) Tobacco: □I dont use tobacco □I am a smoker □I quit smoking □Other tobacco use: _____

(Q45) Tobacco Follow-Up Questions (What year did you quit? How many cigs/day?)

(Q46) Alcohol: □Never □Rare □Occasional □Past Alcohol abuse / □Liquor □Wine □Beer

(Q47) Drug Use: □Never □Experimented in HS/College □Continued Experimentation
□Regular use/ongoing □Risky use/abuse

(Q48) Marital Status:
□Single □Child □Married □Separated □Divorced □Widowed □With partner □Divorced-Remarried

(Q49) Name of Spouse

(Q50) Number of Children □0 □1 □2 □3 □4 □5 □6 □6+ more

(Q51) Names and Ages of Children

(Q52) Number of Siblings □0 □1 □2 □3 □4 □5 □6 □6+ more

(Q53) Living: □Alone □With parent's only □With parents and siblings □With roommate
□With partner □With spouse only □With spouse and children

(Q54)How are things at home:

(Q55) Names of Parents (if the patient is below 21):

(Q56) If the patient is a Minor, name of school and grade if applicable:

(Q57) Highest level of education:

(Q58) Occupation and Company: **(Q59) Approximate Hours/week worked:**

(Q60) Work stressors/Issues: □NONE □NO JOB □BOSS □DEADLINES □ CUSTOMERS/CLIENTS

(Q61) Usual exercise: □ CARDIO □ STRENGTH □WEIGHTLIFTING □ HOUSEWORK □WALKING □NONE □OTHER:

(Q62) Spouse Occupation:

(Q63) Hobbies:

(Q64) Religion:

(Q65) Social Support/Support system: □ GOOD □ POOR □ OK □ NONE

(Q66) Where did you grow up?

(Q67) Major childhood events/trauma/illnesses:

Diet / Foods Regularly eaten

(Q68) **Past Diets:**

□Balanced □Poor □Gluten free □Dairy free □Vegan □Vegetarian □Low carb □Paleo: Other:_____

(Q69) **Present Diets:**

□Balanced □Poor □Gluten free □Dairy free □Vegan □Vegetarian □Low carb □Paleo: Other:_____

(Q70) Breakfast □Cold Cereal □Hot cereal □Eggs □Bacon □Sausage □Other □None

(Q71) Lunch □Soup □Crackers □Tuna □Fish □Chicken □Meat □Veggies □Bread □Salad □Cold cut sandwich □None □Other

(Q72) Dinner □Red meat □Chicken □Fish □Pork □Bread □Pasta □Potato □Veggies □Other

(Q73)Snacks □Cheese □Chips □Fruit □Nuts □Yogurt □Other

(Q74) Beverages □Cups of Coffee: □0 □1 □2 □3 □4 □5+ more □Tea □Water □Soda □Juice

(Q75) Dairy / Others □None □Low fat □Whole

(Q75.A) Soy: **□NONE** **□OCCASIONAL** **□ 3+ PER WEEK** **□ TRADITIONAL/FERMENTED** **□SOY MILK/ETC**

(Q76) Fish □None □0-1/weekly □2-3/Weekly □3-4/weekly □5+ weekly

Test

Indicate Year of test and if results were normal or abnormal

(Q77) Stress (Treadmill) Test □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q78) Other Cardiac Test □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q79) Thyroid Ultrasound □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q79) Thyroid Biopsy □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q80) Colonoscopy □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q81) Mammogram □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q82) Pap Smear □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q83) Prostate Blood Test □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q84) Physical Prostate Exam □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q85) Celiac Test □Never □NORMAL/Year:_____ □ABNORMAL/Year:_____

(Q86)) Vaccinations □Up to date □Not Up to Date

(Q87) Other test and results:

Review of Systems

(Q87) Thyroid: □Weight gain □Hair loss □Brow loss □Dry skin □Breaking nails □Fatigue
□Depression □High cholesterol □Feeling cold □Cold hands □Cold feet □Constipation
□Low temperature □None of the above

(Q88) Adrenal: □ Anxiety □ Allergies □ Low Blood Pressure □ Dizzy on Standing □ Hypoglycemia
□ Low Blood Sugar Symptoms □ Sugar Cravings □Starch Cravings □ Salt Cravings
□ Wiped out by Stress □ Poor Recovery from Stress or Infection □ Poor Appetite
□ Abnormal Weight Loss □ Food Sensitivities □ Medication Sensitivities □ Unusual sweating
□ Previous use of prednisone/cortisone --- FELT BETTER
□ Previous use of prednisone/cortisone --- FELT WORSE
□ NONE OF THE ABOVE

(Q89)General: □**No Weight or Energy Problems + NO Fever.**
□Weight Gain_____ □Weight loss_____ □Increased thirst □Decreased appetite
□Recent fevers □Recent shaking chills □Low Energy

(Q90)Sleep: □**No sleep problems** □Insomnia/onset □Insomnia/awakenings □Insomnia □Wake up tired
□Heavy snoring □Obstructive sleep apnea (OSA) □Restless leg syndrome (RLS)
□Improved with treatment

(Q91) Average sleep: □0-5 hrs/night □6 hrs/night □7 hrs/night □8 hrs/night □9+hrs/night

(Q92) Eyes: □No eye or vision problems □Vision problems □Glaucoma □Macular Degeneration □Cataracts □Dry eye

(Q93) Ears: □No ear or hearing problems □Hearing loss □Ringing □Ear problems

(Q94) Nasal/Sinus: □No nose or sinus problems □Chronic congestion □Chronic sinusitis □Frequent infection

(Q95) Mouth and Throat: □No major oral and dental problems
□Major dental problems □Multiple fillings □Root canals □Gum disease □Sores

(Q96) Throat/Neck: □No hoarse voice, difficult swallowing, throat discomfort or neck problems
□Hoarseness □Throat discomfort □Throat swallowing
□Chronic stiffness □Significant Neck Pain

(Q97) Cardiac: □No chest pain, palpitations or heart problems, high blood pressure or cholesterol.
□Chest pain □Palpitations □ High blood pressures □ High Cholesterol
□Heart Problem

(Q98) Lungs: □No shortness of breath, chronic cough or lung problems
□Shortness of breath □Chronic cough □Asthma
□Emphysema □Lung disease

(Q99) Breast / Chest: □No breast lumps or abnormalities □Abnormal mammogram □ Fibrocystic breasts

□Abnormal lumps □Nipple discharge

(Q100) Gastrointestinal: □No abdominal pain, bloody stool, tarry stool, GERD, or other digestive problems

□Stomach ulcer □Irritable Bowels □Bloody stool □GERD

□Black/tarry stool □Frequent Constipation □ Frequent Diarrhea

(Q101)Urinary: □No urinary, kidney, or bladder problems □Frequent urination

□Problems holding urine □Frequent or Severe Urinary infections

□Poor urinary stream □Frequent urination at night

(Q102)Male: □DOES NOT APPLY □No night sweats, libido problems or sexual dysfunction

□Low libido □Erectile dysfunction □ Night Sweats

(Q103) Reproductive HX (Previous pregnancies) □0 □1 □2 □3 □4 □5 □6 □7+ more

(Q104) Reproductive HX: (Vaginal deliveries) □0 □1 □2 □3 □4 □5 □6 □7+ more

(Q105)Reproductive HX: (C-Sections) □0 □1 □2 □3 □4 □5 □6 □7+ more

(Q106) Reproductive HX: (Miscarriages) □0 □1 □2 □3 □4 □5 □6 □7+ more

(Q107) Reproductive HX: (Abortions) □0 □1 □2 □3 □4 □5 □6 □7+ more

(Q107) Do You Have A History of Pregnancy Complications: YES / NO.

(Q108) Is there any chance that you are now pregnant? □Yes □No □Unsure

(Q109) Age of FIRST menstruation: _____

(Q110) Age of LAST menstruation: _____

(Q110-A) Date of LAST menstruation: _____

(Q111) Major Menstrual problems: □ Past □Present □None

(Q112) Major Menstrual problems: □ Irregular □ PMS □ Bloating □ Pain □ Breast Tenderness □ Breast Swelling □ Heavy □ Missed

(Q113) Reproductive: □No hot flashes/night sweats □Hot flashes □Night sweats □Loss of breast fullness □Sexual dysfunction/pain □Low libido □Vaginal dryness

(Q114) Musculoskeletal: □No Muscle/Joint/extremities injuries Pain: Upperback/Midback/Lowback

□Swelling: LOCATION: _____

□Chronic Pain: LOCATION:_____

(Q115)Blood/Immunity:

□No bruising, bleeding, clotting, or immune problems. □Bruising,bleeding/clotting problems
□Frequent infections □Easy bruising □Severe or Unusual Infection □Abnormal bleeding □Clotting Disorder
□Autoimmune Disease (List):

(Q116) Neuro: □No headaches/Dizziness/Numbness/Nerve Problems
□Dizziness □Nerve problems □Numbness □Weakness
□All Over weakness or numbness
□Location of weakness or numbness :

(Q117) Skin: □No unusually dry skin, rashes, or skin disorders
□Chronic Rash □Acne □Rosacea □Abnormal dry skin
□Cracking Heels □ Frequent/Recent pedicures □ Moles
□Skin Problem:

(Q118)Psychology : □No significant anxiety or depression □ Generally Happy

Anxiety	□PAST	□ON-GOING	TREATMENT: □PAST	□ ON-GOING	MEDICATION: □PAST	□ ON-GOING
Depression	□PAST	□ON-GOING	TREATMENT: □PAST	□ ON-GOING	MEDICATION: □PAST	□ ON-GOING

(Q119) Medication for mood problems:

(Q120) Felt down, depressed, hopeless in past 2 weeks? □ YES □ NO

(Q121) Any major issues that cause you stress or unhappiness?

(Q122) Other problems or issues that you would like to discuss?