

Today's Date: \_\_\_\_\_

### SOULE HEALTHCARE PATIENT PROFILE

NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ S.S.# \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

(WORK) \_\_\_\_\_ EMAIL \_\_\_\_\_

**\*\*NOTE: FOR MINORS, PLEASE NOTE PARTENT'S NAME-BIRTHDAY AND SS# IN SPACE BELOW:**

OCCUPATION \_\_\_\_\_ FULL OR PART TIME \_\_\_\_\_ RETIRED \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LIVE WITH: Partner/Spouse \_\_\_ Parents \_\_\_

Relatives \_\_\_ Friends \_\_\_ Alone \_\_\_ HOW DID YOU HEAR ABOUT SOULE HEALTHCARE? \_\_\_\_\_

EMERGENCY CONTACT (NAME) \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**A NOTE TO MY PATIENTS:** Preventative Medicine and holistic health care are only possible when the physician has a complete picture of the patient physically, mentally and emotionally. I ask you to provide me with part of this picture by carefully and thoroughly completing this health history form. Print all information and mark any questions you do not understand.

You must understand that as a naturopathic physician and acupuncturist, I offer an approach to your overall care which may differ from other methods of diagnosis and treatment such as those offered by medial doctors, osteopathic physicians, chiropractors, etc. My commitment is to provide you appropriate naturopathic care and, to the extent possible, work with other health care providers equally concerned with your well-being. I am not a medical doctor and will not attempt to take their place in your overall health management. **PLEASE FILL OUT BOTH SIDES OF THE FOLLOWING HEALTH HISTORY FORM.**

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_ DO YOU EXERCISE? \_\_\_\_\_

HOW OFTEN: \_\_\_\_\_ WHAT FORMS: \_\_\_\_\_

WHEN AND WHERE DID YOU LAST RECEIVE MEDICAL OR HEALTH CARE? \_\_\_\_\_

IN YOUR OPINION, WHAT ARE YOUR MOST IMPORTANT HEALTH PROBLEMS? (1) \_\_\_\_\_

(2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

