General health questioner

Name: **Date of birth:**

Phone: **Email:**

Address:

Emergency contact +Phone #:

Main reason for seeking treatment:

Other issues to address:

General Health Questions: **If "Yes" please describe in detail**

Do you smoke cigarettes? (If yes – how many a day?)	Yes / No	
Do you drink alcohol? (If yes – how much per day/week?)	Yes / No	
Do you use recreational drugs? If yes – which?)	Yes / No	
Have you had any surgeries?	Yes / No	
Do you take any medication?	Yes / No	
Do you take any supplements?	Yes / No	
Do you have any allergies?	Yes / No	
Have you taken antibiotics in the last 5 years?	Yes / No	
Anyone in your family has/had a genetic disease?	Yes / No	
Do you have high cholesterol?	Yes / No	

Ever been knocked out or unconscious?	Yes / No	
Have trouble with breathing or coughing during or after activity?	Yes / No	
Ever sprained/strained, dislocated, fractured bones or joints?	Yes / No	
Ever had repeated swelling of any bones or joints?	Yes / No	
Do you have any back problems?	Yes / No	
Do you have any chronic illnesses or skin condition?	Yes / No	
Do you have high/low blood pressure?	Yes / No	
Use any special equipment? (pads, braces, neck rolls, eye guards, kidney belt, etc.)	Yes / No	

For women

Pregnant: Yes / No Breastfeeding: Yes / No

Are you using or have you used birth control pills? Yes / No

Number of pregnancies:

Number of births:

If relevant, please describe your pregnancy and birth experiences

Any other condition/illness, past or present, I should know about?

Signature **date**

Phone: (425) 786-5211 | email: karen@karennaturalhealth.com
Web: www.karennaturalhealth.com | Office: 1013 221st Ave. NE Sammamish 98074