



Phone: (425) 647-4249 Email: Melanie@FoundationsNatural.com

Welcome!

Please complete this brief form so that we can better assist you today.

Name: _____

Date of Birth: _____ Sex / Gender: _____

Address: _____

City, State, Zip: _____

Email: _____

Best Phone Number(s) to Reach You: _____

May we leave a voice message with confidential information on the above phone number(s)?

Yes No Yes, but only on this number _____

Have you ever been to an Naturopath / acupuncturist before? Yes No

If yes, in general what was your experience like?

Do you have any questions or concerns about Naturopathic or acupuncture care?

What are you seeking from treatment today?

Primary care physician's name _____

Primary care physician's phone number and \ or location

Do you have any health conditions in the following areas? If yes, please briefly describe.

Allergies _____

Heart or circulation _____

Nerves \ Nervous System _____

History of Diabetes _____

Digestion _____

Immune system or HIV, Hepatitis _____

Addictions _____

Mental \ Emotional _____

Please list all other medical conditions:

Are you pregnant or is there any chance you may be pregnant? Yes No

Patient Signature: _____ Date: _____

Please use this additional sheet for any information or questions that you may think relevant and were not asked on the New Patient form

