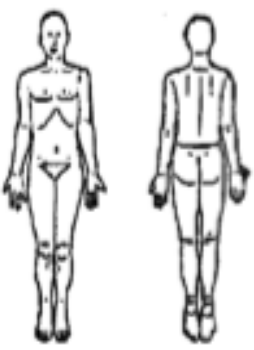


CHRISTOPHER LEPISTO

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Name _____ Date _____
 Date of Birth _____
 Reason for Visit _____

Current Health Problems/Diagnoses		Family Disease History Self, Parent, Grandparent	S	P	G	Current Vitamins, Herbs or Supplements	Current Prescription Medications
1.		Asthma				1.	1.
2.		Arthritis				2.	2.
3.		Alcoholism				3.	3.
4.		Epilepsy				4.	4.
5.		Thyroid				5.	
6.		Obesity				6.	Nutrition
Surgeries/Hospital Stay		Year				7.	Estimate how often you use.
1.		Heart Disease				8.	Daily / Weekly
2.		High Blood Pressure					#/wk
3.		Mental Disorder				Drug Allergies?	
4.		Cancer				1.	Wheat, Bread, Muffins
5.		Other:				2.	Pasta
Rate Current Wellbeing		0-10				Airborne Allergies?	
Poor 1-3	Good 4-6	Excellent 7-10					✓ Soda Pop
Job or School		Personal Health History				Smoke	Coffee/Black Tea (circle)
Financial / Money		Current , Past	C	P		Dust	Tobacco / Cigarettes
Primary relationship		Fatigue				Pollen	# yrs / When quit?
Family, Parents, Children		Blood Sugar Problems				Weeds	Beer / Wine / Spirits
Freedom from Allergies		Poor Sleep				Grass	# yrs / When quit?
Overall Freedom from Stress		Anxiety				Trees	Aspirin
Overall Sleep		Depression				Molds	Tylenol
Overall Physical Energy		Weight Gain				Other	Nutrasweet/Artif sweet
Overall Mental Energy		Headache					Cheese
		Neck Pain				Food Sensitivities?	✓ Milk
		Back Pain				Nightshade	Fried Foods
		Joint Pain				Dairy	Marg or Butter (circle)
		Allergies, Hayfever				Wheat	Beef / Burgers / Steak
Have you ever used:		Sinusitis				Alcohol	Bacon, Bologna, Salami
Vitamin Therapy		Recurrent Colds, Flu				Other:	Turkey, Chicken
Herbal Medicine		Other Recurrent Infections					Tuna, Other Fish
Homeopathic Medicine		Ear/Eye Problems				Chemical Sensitivities?	✓ Beans, Peas
Acupuncture		Poor Digestion, Gas				Perfumes	Salad
Spinal Manipulation		Recurrent Diarrhea				Soaps	Fresh Fruit
Therapeutic Fasting		Constipation				Odors	Juice, Bottled or frozen
Massage Therapy		Abdominal Pain / Bloating				Solvents	Juice Fresh: veg/fruit
Naturopathic Doctor		High Blood Pressure				Other	Fresh Vegetables
		Elevated Cholesterol or Fat					Cooked vegetables
List your Health Goals		Premenstrual Symptoms				Current Medical Providers	Other
1.		Menstrual Problems				M.D./ D.O.:	Mark Problem Areas below
2.		Menopause				Chiropractor:	
3.		Hot Flashes				Naturopathic Dr.:	
4.		Breast Problems				OB/GYN:	
5.		Alcoholism				Psychologist:	
6.		Drug Addictions				Other:	
How did you hear about me?		History of Abuse				Exercise / Times Per day/week	
Doctor:		Sexual Dysfunction				Walk/Run:	
Friend:		Poor Concentration				Swim:	
Yellow pages		Urinary Problems				Bike:	
Article in Media		Asthma/ Breathing Issues				Aerobics:	
Other:		Other:				Other:	