

WATERLEAF NATUROPATHIC MEDICINE, PLLC
2901 NE Blakeley St., Suite 3B
Seattle, WA 98105
Phone: (206) 631-1131 Fax: (206) 729-2636

DATE _____

PATIENT PROFILE

Last Name: _____ First Name: _____

Nickname: _____ Birthdate: _____ Sex: _____

A note to our patients: Please complete this two-sided questionnaire as thoroughly as possible in order to aid your clinicians in their diagnosis and treatment. This is a confidential record of your medical treatment and will not be released, except when you have provided us with written authorization to do so. Thank you.

PRESENT HEALTH CONCERNS

Please list most important health concerns in their order of significance.	Prior diagnosis of this problem? If so, what?	Indicate painful or distressed areas:
1.		
2.		
3.		
4.		
5.		

What goals do you have for your visit at the clinic today? _____

Have you ever consulted a Naturopathic physician before? (Please Circle) Yes No

Do you have any questions about our clinic or the care that you've chosen today? _____

Please list prescription medications that you are currently taking, with dosages:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

List vitamins, minerals, herbs, homeopathic remedies that you are currently taking, with dosages:

1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

