

Vibrant Living Wellness Center

CLIENT HISTORY FORM

Please print clearly:

Date: _____ Referred by: _____
Name: _____ Sex: Female Male
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Occupation: _____ Employer: _____
Age: _____ Date of Birth: _____ Height: _____ Weight: _____

REFERRED BY: _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Chief complaint (reason you are here): (use back of form if more room needed) _____

Previous treatments for this complaint _____

Other complaints or problems: (use back of form if needed) _____

Current medications/drugs being taken: (use back of form if needed) _____

Are you currently under the care of a physician or other health care professionals? _____ (If yes, please give name and date of last visit): _____

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much) _____

Cigarettes _____ Coffee _____ Alcohol _____

Office Use Only:

Vibrant Living Wellness Center

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Name: _____ Date: _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approximate date: _____

Past accidents or injuries: _____

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Marital Status: S M D W Name of Spouse: _____

Describe health of spouse: _____ Number of children if any: _____

Name of Child	Age	Sex	Any physical conditions or concerns?
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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_____	_____	M/F	_____
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Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier? _____

SIGNED: _____ DATE _____