



Meghan Van Vleet, ND
Doctor of Naturopathic Medicine

Kitchen Cupboard Consulting Health History

Today's Date: _____

Patient's Name: _____
(Last) (First) (Middle)

Age: _____ Birthdate: _____ SS#: _____ Gender: M F
(Disclosure of your social security number is voluntary and optional)

Occupation: _____

Address: _____
(Street, City, State, Zip)

Mailing Address (if different): _____
(Street, City, State, Zip)

E-mail address: _____

Phone(s): _____
(Home) (Work) (Other)

What is your current living and relationship situation? _____

Names of family members: _____

Emergency contact: _____
(Name) (Phone)

Relationship: _____

Who is your primary care physician: _____
(Physician's Name)

Address: _____

How did you learn about my practice? _____

What are your most important health concerns/goals in your household in order of importance?

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

ALLERGIES

Please list known allergies to medication, food, or environment:

MEDICATIONS

List all current medications, dosage, and reason for taking (or attach a list)

List all current vitamins/supplements/herbs, dosage, and reason for taking (or attach a list)

HABITS

What are your main interests and hobbies? _____

Do you exercise? Y N What forms and how often? _____

Diet

Do you eat three meals daily? Y N Blood Type? A B AB O

Please describe a typical daily diet:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

How many glasses of water do you drink daily? _____

Do you drink caffeinated products? Y N If so, what kind? _____

Do you have any food intolerances that you know of? Y N If yes, please explain _____

Other

Ever use tobacco? Y N How much? _____ How long? _____

Drink alcohol? Y N How much? _____

Been treated for alcoholism? Y N

Use recreational drugs? Y N

Been treated for drug abuse? Y N

Naturopathic Medical Consent: I, the undersigned, consent to naturopathic care and treatment by Meghan Van Vleet, ND.

Financial Agreement: I, the undersigned, acknowledge that I am financially responsible for all charges, and agree to pay Meghan Van Vleet, ND in accordance with her regular rates and terms. All payment is due at time of service, unless alternative arrangements have been made prior to services being rendered. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, I agree to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize Meghan Van Vleet, ND to release information necessary to secure payment.

I, the undersigned, certify that the information I have supplied is correct and accurate to the best of my knowledge.

Signature: _____ Date: _____

Thank You.