**Patient Information**

Full Name: ____________________________

Last    First

- [ ] Male
- [ ] Female

Medication and Treatment:

________________________________________

Medication from other countries?

- [ ] Yes
- [ ] No

### Biochemical

- [ ] Rx: ________________________________
- [ ] OTC: ______________________________
- [ ] Herbs: _____________________________
- [ ] Vitamins: __________________________
- [ ] Supplements: _______________________

### Lifestyle

- [ ] Diet: ______________________________
- [ ] Exercise: _________________________
- [ ] Mind-Body Therapies: ________________

### Biomechanical

- [ ] Massage: __________________________
- [ ] Chiropractic: _______________________
- [ ] Surgery: __________________________

### Bioenergetic

- [ ] Acupuncture
- [ ] Healing touch
- [ ] Prayer
- [ ] Homeopathy
- [ ] Use of nonlicensed healers (e.g. curandero)