Natura Medica Annual Comprehensive Wellness Update

Name:_____ **Date:**_____

***PLEASE BRING TO YOUR SCHEDULED APPOINTMENT ON**_____

Have you experienced any significant changes in your health since your last visit? Please list any new issues, including any unplanned medical visits:

_____

_____

_____

If there is anything in particular that you would like to discuss with the doctor today, please (briefly) explain below:

_____

_____

_____

Please list prescription drugs you are currently taking, with dosage:

1) _____ **5)**_____

2)_____ **6)**_____

3)_____ **7)**_____

4)_____ **8)**_____

Please list all vitamins and supplements you are currently taking, with dosage:

1)_____ **5)**_____

2)_____ **6)**_____

3)_____ **7)**_____

4)_____ **8)**_____

Please check any of the following tests that other doctors have ordered since your last visit: (If you have copies of any new tests, please bring them with you).

◯ **Blood tests** ◯ **Mammogram**

◯ **Colonoscopy** ◯ **PAP**

◯ **Bone density scan**

(Please turn over)

Have any of your immediate family members (blood related only) experienced any new major medical problems? Yes/ No If yes explain:_____

_____

_____

Do you smoke? Yes/ No

How many alcoholic drinks do you consume per week? _____

How many cups of coffee/ tea do you consume per day? _____

How much time do you spend outside? _____

Please describe your current physical activities:

1)_____ How long:_____ How often:_____

2)_____ How long:_____ How often_____

3)_____ How long:_____ How often:_____

4)_____ How long:_____ How often:_____

5)_____ How long:_____ How often:_____

Please rate your overall energy level: 1 2 3 4 5

Please rate your general quality of sleep: 1 2 3 4 5

Please rate your general level of stress: 1 2 3 4 5 (1- Low / 5- High)

Please rate your general level of happiness: 1 2 3 4 5

Please rate your satisfaction with your level of health: 1 2 3 4 5

Please update the following if needed:

Name:_____Date:_____

Address:_____

Preferred Telephone #:_____Email:_____

Insurance Company:_____Group #:_____ID#:_____

Policy holders name:_____Policy holders DOB:_____

Policy holders address:_____

Relationship to policy holder:_____