

Kathy Kamin, N.D.

Name: _____ Age: _____
 Reason for office visit: _____
 Date: _____

Current Health Problems		Family Disease History	Current Medication	Current Vitamins or Herbs		
1.		Indicate S – Self P – Parent GP – Grand Parent	1.	1.		
2.		Asthma	2.	2.		
3.		Arthritis	3.	3.		
4.		Alcoholism	4.	4.		
5.		Epilepsy	5.	5.		
		Thyroid	6.	6.		
Surgery/Hospital Stay	Year	Obesity				
1.		Heart Attack	Drug Allergies	Diet and Nutrition		
2.		High Blood Pressure	1.	Estimate how often you use		
3.		Mental Disorder	2.	Per Day or Week		D
4.		Cancer	3.	Sugar, Sweets, Chocolate		W
5.		Other	Airborne Allergies	Yes	Soda Pop	
			Dust		Coffee/black tea	
			Pollen		Tobacco/cigarettes	
Rate Current Stress	0-10	Personal Health History				
Mild 1-3 Mod 4-6 Severe 7-9		C – Current P – Past				
		Fatigue	Weeds		Beer/Wine	
Job or School		Low Blood Sugar	Grass		Alcohol	
Financial/Money		Poor Sleep	Trees		Aspirin/Tylenol	
Primary Relationship		Anxiety	Molds		NutraSweet/Saccharine	
Family, Parents, Children		Depression	Smoke		Cheese	
Divorce/separation/Death		Overweight	Other		Milk	
Chemical, Allergy		Headache			Fried Food	
Overall Stress Level		Neck Pain	Food Sensitivities	Yes	Margarine or butter	
		Back Pain	Dairy		Beef/Hamburger/steak	
Have you ever used:		Joint Pain	Wheat		Bacon, Bologna, Salami, etc	
Vitamin Therapy	Yes	Allergies, Hay Fever	Alcohol		Turkey, Chicken	
Herbal Medicines		Sinusitis	Other: 1.		Tuna, Fish	
Homeopathic Medicine		Recurrent Colds, Flu	2.		Beans, Peas	
Acupuncture		Other Recurrent Infections	3.		Salad	
Spinal Manipulation		Ear/ Eye Problem			Fresh Fruit	
Colonic Therapy		Poor Digestions, Gas	Chemical Sensitivities	Yes	Juice, Bottled or Frozen	
Therapeutic Fasting		Recurrent Diarrhea	Odors		Fresh Vegetables	
Massage Therapy		Abdominal Bloating	Solvents		Potatoes, Squash, Carrots	
Naturopathic Physician		High Blood Pressure	Soaps		Other Cooked Vegetables	
		Elevated Cholesterol or Fat	Other:		Wheat, Bread, Muffins	
List Your Health Goals		Premenstrual Symptoms			Pasta	
		Menstrual Problems	List Medical Providers		Rice, Oatmeal, Barley	
		Menopausal	Family Physician		Soup	
		Hot Flashes	Chiropractor			
		Breast Problems	Psychologist			
		Alcoholism	OB/Gyn			
		Drug Addiction	Naturopathic Dr	Exercise	days per wk	how long
		History of Abuse	Nutritionist	Walk/Run		
		Sexual Dysfunction		Swim		
			How did you hear about us?	Bike		
			Name of Doctor	Aerobics		
			Name of Friend	Other		
			Yellow Pages			
			Article in Media			

