



Have you ever been hospitalized?

If yes, when and why?

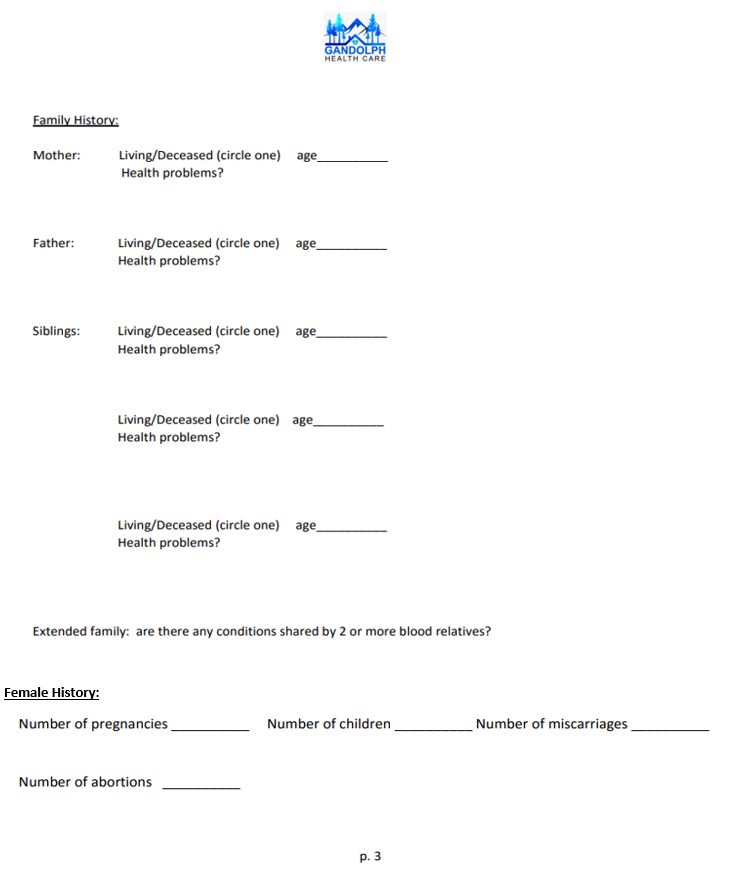
Are you taking any pharmaceutical or homeopathic medications and or nutritional supplements? Please list all:

Include dosing and how often you are taking them. (Ex: 1 time daily)

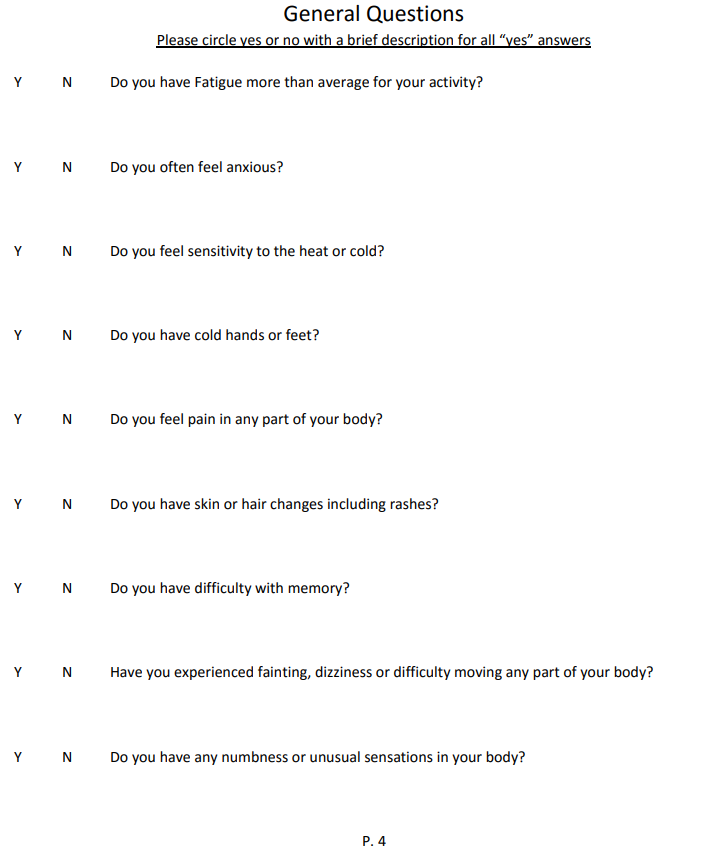
Please list all allergies including food, medication and environment.

Please describe your food and liquid intake in detail (eating habits):

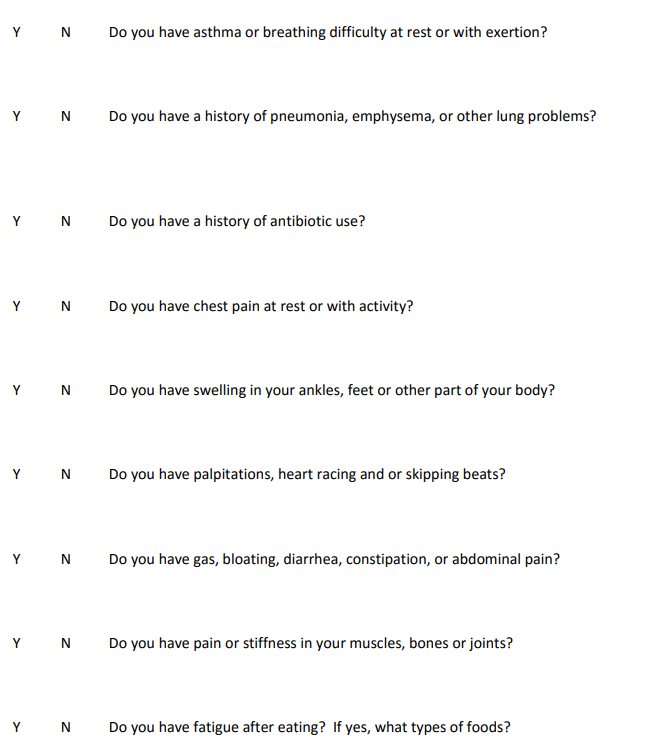
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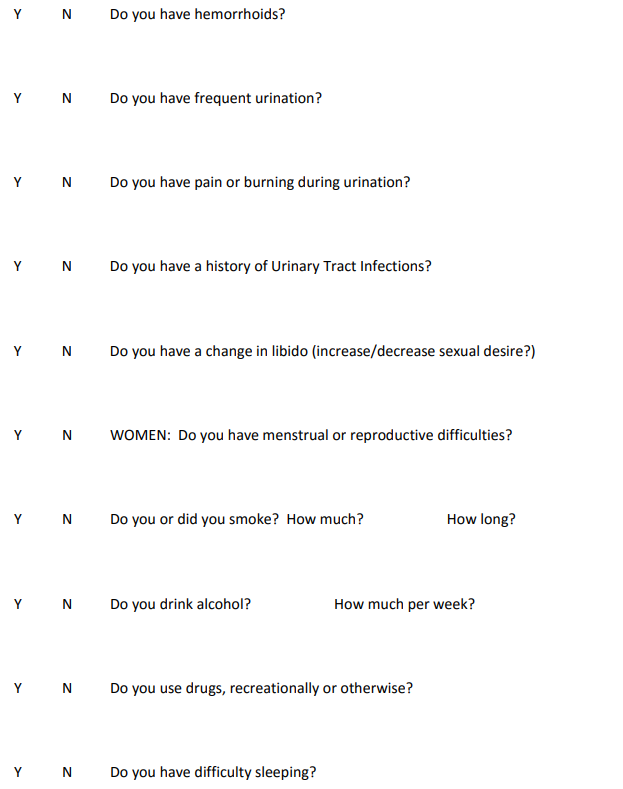






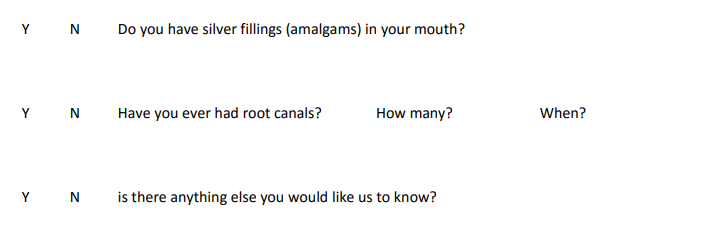












**Last Dental Exam?**

**Last Eye Exam?**

**Last mammogram if applicable?**

**Last Colonoscopy?**

**Please list any individuals you authorize us to discuss your medical information:**

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