





 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):

 P. 2







 















 **Last Dental Exam?**

 **Last Eye Exam?**

 **Last mammogram if applicable?**

 **Last Colonoscopy?**

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

P.7