Dr. Brad West 244 Oak Meadow Dr. Los Gatos, CA 95032
(831) 332-0143 and (408) 354-2323 www.DrBradWest.com

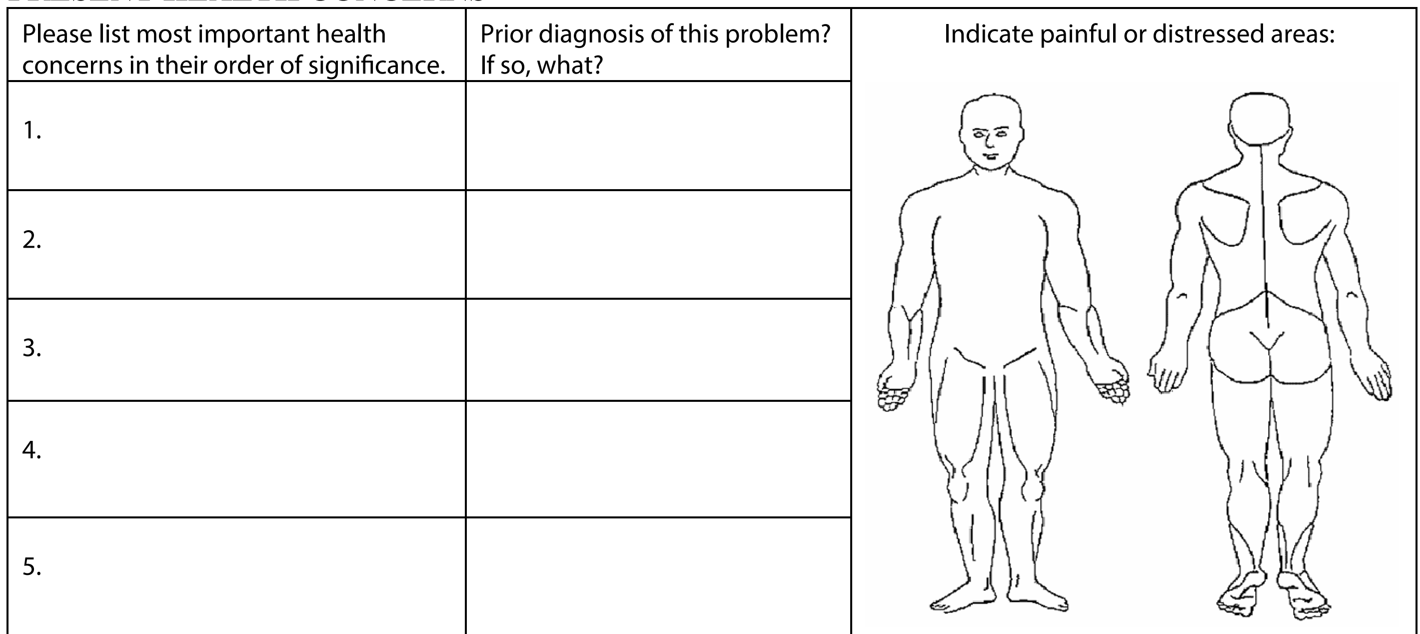
PATIENT PROFILE

Last Name: ______________________________ First Name: ______________________________

Height_____ Weight now_____ Ideal_____ At age 20____ Blood Type___

A note to our patients: Please complete this *two-sided* questionnaire as thoroughly as possible. This is a confidential record of your medical information and will not be released, except under the guidelines of the Notices of Privacy Practices.

PRESENT HEALTH CONCERNS



Please list most important health concerns in their order of significance.	Prior diagnosis of this problem? If so, what?	Indicate painful or distressed areas:
1.		
2.		
3.		
4.		
5.		

What goals do you have for your visit at the clinic today? ______________________________

____

Have you ever consulted a Naturopathic Doctor or other alternative medicine provider before?__________

____

Do you have any questions about our clinic or the care that you've chosen today? ____________________

____

Please list prescription medications that you are currently taking, with dosages:

1. ____________________ 2. ____________________ 3. ____________________

4. ____________________ 5. ____________________ 6. ____________________

List vitamins, minerals, herbs, homeopathic remedies that you are currently taking, with dosages:

1. ____________________ 2. ____________________ 3. ____________________

4. ____________________ 5. ____________________ 6. ____________________

7. ____________________ 8. ____________________ 9. ____________________