

Caramia Wellness
NEW CLIENT INFORMATION FORM

Page 1 of 2

Please print clearly:

Name _____ Date _____

Address _____ Apt.# _____

City _____ State _____ ZIP _____

Shipping Address _____

Mobile Phone (____) ____-____ Work Phone (____) ____-____

Home Phone (____) ____-____

e-mail address: _____

How do you prefer to be contacted Text ___ Email ___ Phone Call ___

REFERRED BY: _____

Occupation _____ Employer _____

Date of Birth _____ Age ___ Sex: M/F Height _____ Weight _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other: _____

Allergies _____

Chief complaint (reason you are here): (use separate sheet if more room needed)

Previous treatments for this complaint _____

Other complaints or problems: (use separate sheet if needed) _____

Current medications/drugs being taken: (use separate sheet if needed) _____

Are you currently under the care of a physician or other health care professionals?

(If yes, please give name and date of last visit):

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes _____ Coffee _____ Alcohol _____

Dietary Restrictions:

Food Allergies _____

Food Sensativities _____

Vegetarian ___ Vegan ___

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Office Use Only:



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Page 2 of 2

Name: _____ Date _____

HISTORY:

List any major illnesses (with approx. dates): _____

List any surgery or operations with approx. date: _____

Past Accidents or injuries: _____

List any implants within your body with approx. date of insertion:
(i.e. dental implants, meshing, screws, rods, plates, radioactive seeds, etc.): _____

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Marital Status: S M D W Name of Spouse _____

Describe health of spouse: _____ Number of children if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	_____	M/F	_____
_____	_____	M/F	_____
_____	_____	M/F	_____

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other _____

Any household pets or other animals you or family members are in close contact with: _____

Hobbies/Activities/Sports _____

What can we do to make you happier? _____

SIGNED: _____ DATE _____

