

Naturopathic Family Clinic

Name: _____ DOB: _____ Date: _____

Welcome!

Your answers to these questions will help us to have a more effective and productive visit.

Please let me know the best way to help you in our 30-40 minutes together. (Please note that normally during a 30-40 minute return visit I can cover one complex or two less complex topics.)

Thank you.

What is our focus today? Please list in priority order the topics or questions you wish to cover today.

1.

2.

If you have several topics you wish me to address, it may require that we schedule another appointment.

3.

4.

5.

Number of times in the last two weeks you exercised and what it was:

Medication Update: (including over-the-counter medications)

List all medications you are currently taking and when (amount, time of day/with or without food):

1.

2.

3.

4.

Nutritional Supplement Update:

List all supplements you are currently taking and when (amount, time of day/with or without food):

1.

5.

2.

6.

3.

7.

4.

8.

NFC Adopted 07/08
Revised/Approved

Please return completed form to the front desk. Thank you.