

Sage Integrative Medicine Clinic
21827 76th Ave West, Suite 202
Edmonds, WA 98026
P: (425) 835-0359 F: (425) 835-0821

DATE _____

PATIENT PROFILE

Last Name: _____ First Name: _____

Nickname: _____ Birthdate: _____ Sex: _____

A note to patients: Please complete this two-sided questionnaire as thoroughly as possible. This is a confidential record of your medical treatment and will not be released, except when you have provided written authorization to do so. Thank you.

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 physician, an Acupuncturist, a Nutritionist or a Counselor before? (please circle)

Do you have any questions about the 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. _____

