



Darragh Wellness Center CONFIDENTIAL INFORMATION FORM

Name _____ Date _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ - _____ Cell Phone (_____) _____ - _____

Work Phone (_____) _____ - _____ Email Address _____

REFERRED BY _____

Occupation _____ Employer _____

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

Marital Status: M S W D How many children?

Spouse/Partner's Name _____ Spouse/Partner's Date of Birth _____

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

Chief Complaints (reason you are here)

Previous treatments for this complaint:

Current Medications / drugs you are taking:

Are you currently under the care of a physician or other health care professional? If yes, please give name and date of last visit:

Nutritional Supplements or Vitamins, or Herbs you are currently taking:

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

Cigarettes: _____ Coffee _____ Alcohol _____

How often do you have a bowel movement? _____

How much water do you drink per day? _____

1. What do you see as symptoms (physical complaints, things going wrong, not going right) which suggests to you a problem exists?

2. Who is being most burdened or hampered by these symptoms? Is anyone else being directly or indirectly impacted by these symptoms?

3. What underlying problem do you think is actually causing these symptoms?

4. If possible, state the problem mentioned above in a different way.

5. What have you done so far to solve the problem?

6. Have you consulted any other doctors regarding this problem? If so, who is (are) your doctor(s) and what is their specialty?

7. What exactly do you want as the ultimate result when this problem is resolved?

8. What is your ultimate long-range desired circumstance?

9. When did this problem start?

10. Please list any new circumstances which were occurring at about the same time the problem started.

11. Has this or a similar problem occurred before? If so, please explain.