Dr. Paul Fontana, D.C.

NEW CLIENT INFORMATION FORM

Please Print Clearly:

Social Security # _____

Name _____ Date_____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Shipping Address _____

Home Phone (_____) _____ - _____ Work Phone (_____) _____ - _____ ext. _____

Cell Phone (_____) _____ - _____ Email address _____

REFERRED BY: _____

Occupation _____ Employer _____

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

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

Chief Complaint (reason you are here): (use other side of sheet, if necessary) _____

_____

Previous treatments used for this complaint: _____

_____

Other complaints or problems: (use other side of sheet, if necessary) _____

_____

Current medications/drugs being taken: (use other side of sheet, if necessary) _____

_____

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 _____

Are you currently enrolled in a study program? (i.e.: nutritional, fertility, etc.) Y N

Explain: _____

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HISTORY:

Are you currently pregnant? (circle one) Yes No

List any major illnesses with approximate dates: _____

_____

Circle any communicable spread disease with approximate dates:

HIV/ AIDS/ HEPATITIS/HERPES/ Other _____

_____

Past accidents or injuries with approximate dates: _____

_____

Marital Status: S M D W Name of Spouse _____

Describe Health of Spouse _____ Number of Children if any _____

Name of Children	Age	Sex	Any physical conditions of 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 animals you or family members are in close contact with: _____

_____

What can we do to make you happier? _____

_____

SIGN: _____ **DATE:** _____