



Patient Profile

Full Name _____ Date of Birth: _____ Account #: _____

- Where did you grow up? What do you do for a living?

- How do you generally deal with stress? What do you like to do in your free time?

- How often do you exercise? What types of exercise do you enjoy? (aquatics, sports, yoga)

- Do you enjoy cooking? What are your favorite/least favorite foods to eat?

- Do you have any health goals for this year? What are they?

- If you could change one thing about your doctor visits, what would it be?

Yes/No Do you have people living with you that help with your personal care? If yes, what type of care? (Ex: bathing, dressing, mobility, etc)

Yes/No Are there any cultural or religious beliefs that we should be aware of that would be helpful in your health care?

Yes/No Do you have any nutritional restrictions, needs or concerns? Please list them:

Yes/No Do you have chronic pain anywhere? If you have been treated for this pain in the past, which method works best for you?

Is there anything else you would like us to know about you? _____
