

*Well Within*  
**New Patient Introduction & History Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please list any vitamins, herbs, or supplements you currently take.  No supplements

2. Please list any medications you are taking, the date you started and why you are taking them.  None

	NAME	DATE STARTED	WHY TAKING?
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____

3. Please list any allergies or sensitivities you have.  No allergies

4. Please list surgeries/medical procedures you have had in the past 12 months.  No surgeries

5. Please list any other surgeries or procedures you have had, including dates.  No other surgeries

6. Please list any major illnesses with approximate dates.  No major illnesses

7. Please list any accidents or injuries with dates and treatments.  No injuries/accidents

8. Please list any major events, traumas or changes in your life in the past 5 years, including dates.  
 No major events