



What medical diagnosis, if any, have you been given for your symptoms?

List all supplements (vitamins, herbs, etc.) and medications currently taking:

List all current treatments including (with practitioner names and facilities):



List any trauma / accidents / injuries suffered and when:

List any major illnesses and/or dental procedures:

Please indicate if you suffer from any of the symptoms below:

General:

- Poor Appetite
- Cravings
- Strong Thirst
- Poor Sleeping
- Weight Gain
- Weight Loss
- Sweat Easily
- Fever/Chills
- Low Energy
- Bruise Easily
- Dizziness

Cardiovascular:

- Blood Clot
- High Blood Pressure
- Cold Hands or Feet
- Swelling of Hands/Feet
- Chest Pain
- Palpitations
- Fainting

Skin and Hair:

- Rashes
- Loss of Hair
- Itching
- Eczema

Pregnancy and Gynecology:

- Clots
- Vaginal Discharge
- Vaginal Sores
- Irregular Periods
- Painful Periods
- Breast Lumps
- _ Number of Pregnancy
- _ Number of Births
- _ Number of Miscarriages

Neuropsychological:

- Areas of Numbness
- Seizures
- Bad Temper
- Lack of Coordination
- Poor Memory
- Loss of Balances
- Dizziness
- Depression
- Anxiety
- Confusion

Gastrointestinal:

- Constipation
- Hemorrhoids
- Black Stools
- Rectal Pain
- Diarrhea
- Nausea
- Bad Breath
- Abdominal Pain or Cramps
- Vomiting
- Gas
- Belching
- Indigestion/Heartburn

Musculoskeletal:

- Neck Pain
- Back Pain
- Hand/Wrist Pain
- Muscle Pain
- Hip Pain
- Muscle Weakness
- Shoulder Pain
- Knee Pain
- Foot/Ankle Pain

Respiratory:

- Difficulty Breathing
- Coughing Blood
- Bronchitis
- Cough
- Difficulty in Breathing When Lying Down
- Asthma
- Phlegm

Head, Eye, Ears, Nose & Throat:

- Poor Vision
- Eye Strain/Pain
- Ringing In Ear
- Poor Hearing
- Nose Bleeds
- Mouth Sores
- Earaches
- Teeth Problems
- Sinus Problems
- Headaches
- Grinding Teeth

Genito-Urinary:

- Pain on Urination
- Decrease in Flow
- Unable to Hold Urine
- Blood in Urine
- Kidney Stones
- Urgency to Urinate
- Frequent Urination
- Wake Up to Urinate

Nutrition Intake Form

Personal and Family History <small>Check all that apply to you and your blood relatives</small>	SELF	Mother	Father	Maternal Grandmother	Maternal Grandfather	Paternal Grandmother	Paternal Grandfather	Sibling	Sibling	Child	Child	Child
High Blood Pressure												
Heart Attack, Disease												
High Cholesterol												
Stroke												
Asthma, respiratory condition												
Allergies, Hayfever												
Food Allergies												
Chemical Sensitivities												
Frequent Infections												
HIV, AIDS												
Digestive disease or disorder												
Liver Disease, Hepatitis												
Kidney disease												
Cancer or Tumor Type:												
Arthritis, Pheumatism												
Fibromyalgia/Chronic Fatigue												
Mental Illness												
Depression or Anxiety												
Alcoholism, Drug-Use												
Eating Disorder												
Migraine Headache												
Epilepsy, Seizure												
Thyroid Disease												
Obesity												
Diabetes (Type I/ Type II)												
Anemia												
Other:												

List any allergies or sensitivities: _____

How many times per day do you eat (including meals and snacks) ? _____

Do you ever skip meals? Yes or No Which meal(s)? _____

How often do you skip that meal(s)? _____

Have you ever been on a modified diet? (Vegan/Vegetarian; Atkins; Weight Watchers; Raw Food; etc.) List All: _____

Food Type	How Often Is It Eaten?		
	Daily	Weekly	Rarely
White flour products such as bread, pasta, pastry, etc.			
Refined sugar products (soda, cereals, candies, etc.)			
Artificial sweeteners (NutraSweet & others in beverages & foods)			
Trans fats (lunch meats, margarine, fried foods, chips)			
High salt foods (chips, canned soups, cheese, lunch meats)			
Processed foods (instant meals, frozen dinners, packaged food, etc.)			
Red meat or pork products			
Eggs			
Dairy			
Poultry and/or Fish			
Fresh fruit or natural fruit juices			
Dried fruits and/or vegetables			
Raw vegetables (leafy or crunchy)			
Cooked vegetables (leafy or crunchy)			
Whole grains (brown rice whole wheat, oatmeal, etc.) or whole grain foods			
Beans/Legumes (soy tofu, kidney beans, peas, lentil, garbanzos, etc.)			
Nuts and/or seeds (flax, sesame, almonds, etc.)			
Unprocessed/organic/virgin oils (olive, sesame, grapeseed, etc.)			
Water or herb (non-caffeinated) Tea			

I exercise:

- Never
- 1-2 times per week
- 3-4 times per week
- Daily

I engage in stress reducing or relaxing activities:

- Never/Rarely
- Once or more per month
- Once or more per week
- At least once per day

My workout last for _____ minutes I do the following types of exercise (list): _____

I regularly (once per week or more):

- Smoke cigarettes
- Drink alcohol: Drinks per week _____
- Use caffeine (coffee/soda): Cups/week: ____
- Take recreational drugs
- Get less 7/more than 10 hours of sleep
- Have difficulty falling asleep at night
- Have difficulty staying asleep at night
- Have difficulty waking up in the morning
- Usual bed time: _____ Usual waking time: _____

Rate your overall stress level (circle one):

1 2 3 4 5 6 7 8 9 10
low med high

What do you do for a living? _____

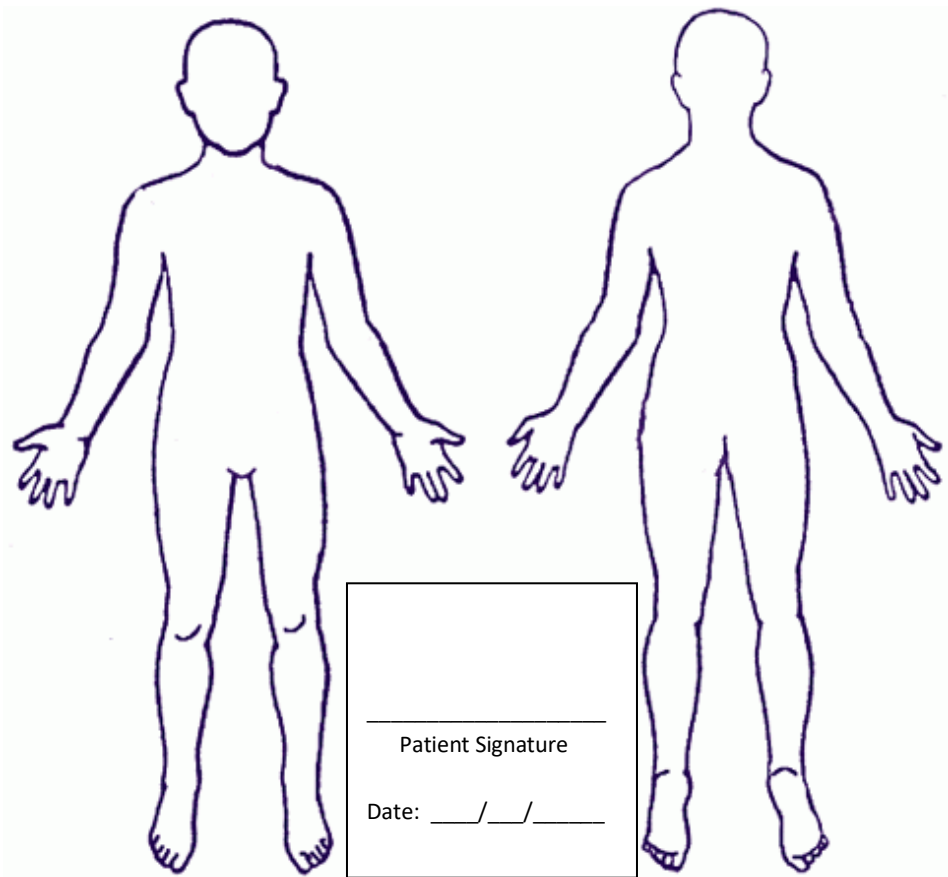
Do you enjoy your work? Yes / No How many hours per week do you work? _____

Think about the following items. Mark which items you are willing to examine and make changes, which you might be willing to evaluate, and which you will not change.

ITEM	Willing to Change	Might Evaluate	Won't Change
Food choices and eating habits			
Current stressors and stress levels			
Addictive behaviors (drugs, alcohol, foods, etc.)			
Exercise habits			
Self-defeating attitudes and beliefs			
Non-prescription medication use			
Physical comfort/pain level			
Toxins (food additives, cleaning & body products)			

Show me where it hurts

- | | | | |
|----------|---|-----------|-------------------------|
| 0 | No Pain | 6 | More Severe Pain |
| 1 | Mild Pain that I am sometime aware of but not bothered by | 7 | } Intensive Severe Pain |
| 2 | Moderate Pain that I can tolerate without medication | 8 | |
| 3 | Moderate Pain that is intolerable without medication | 9 | |
| 4 | } Severe Pain | | |
| 5 | | 10 | Most Severe Pain |



Patient Signature

Date: ___/___/___



PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must be Arbitrated: It is the intention of the parties that this agreement bind all parties whose claims may arise out of or relate to treatment or service provided by the physician including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the physician, and the physician's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including, without limitation, claims for loss of consortium, wrongful death, emotional distress or punitive damages. Filing of any action in any court by the physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing to all parties. Each party shall select an arbitrator (party arbitrator) within thirty days and a third arbitrator (neutral arbitrator) shall be selected by the arbitrators appointed by the parties within thirty days of a demand for a neutral arbitrator by either party. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. The parties agree that the arbitrators have the immunity of a judicial officer from civil liability when acting in the capacity of arbitrator under this contract. This immunity shall supplement, not supplant, any other applicable statutory or common law.

Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request to the neutral arbitrator.

The parties consent to the intervention and joinder in this arbitration of any person or entity which would otherwise be a proper additional party in a court action, and upon such intervention and joinder any existing court action against such additional person or entity shall be stayed pending arbitration.

The parties agree that provisions of California law applicable to health care providers shall apply to disputes within this arbitration agreement, including, but not limited to, Code of Civil Procedure Sections 340.5 and 667.7 and Civil Code Sections 3333.1 and 3333.2. Any party may bring before the arbitrators a motion for summary judgment or summary adjudication in accordance with the Code of Civil Procedure. Discovery shall be conducted pursuant to Code of Civil Procedure Section 1283.05, however, depositions may be taken without prior approval of the neutral arbitrator.

Article 4: General Provisions: All claims based upon the same incident, transaction or related circumstances shall be arbitrated in one proceeding. A claim shall be waived and forever barred if (1) on the date notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein with reasonable diligence. With respect to any matter not herein expressly provided for, the arbitrators shall be governed by the California Code of Civil Procedure provisions relating to arbitration.

Article 5: Revocation: This agreement may be revoked by written notice delivered to the physician within 30 days of signature. It is the intent of this agreement to apply to all medical services rendered any time for any condition.

Article 6: Retroactive Effect: If patient intends this agreement to cover services rendered before the date it is signed (including, but not limited to, emergency treatment) patient should initial below:



Effective as of the date of first medical services

Patient's or Patient Representative's Initials

If any provision of this arbitration agreement is held invalid or unenforceable, the remaining provisions shall remain in full force and shall not be affected by the invalidity of any other provision.

I understand that I have the right to receive a copy of this arbitration agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

By: _____
Patient's or Patient Representative's Signature

Date

By: _____
Patient's Name

(If Representative, Print Name and Relationship to Patient)

By: _____
Physician's or Authorized Representative Signature

Date