

Natural Healthcare Specialties "Serving the East Valley since 1984"

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Dear Perspective Practice Member, Welcome! Please answer the following questions to the best of your ability. Understanding your health concerns, health goals and health attitudes is the first step in determining how we can support you. Please note that your personal file will be kept strictly confidential and only Drs. Pete & Amy will have access to this form.

Practice Member Registration Form

Name: _____ Date: _____

(If patient is a minor, parents' names: _____)

Home Address: _____

Home Phone: _____ Cell: _____ Work: _____

Email Address: _____ Occupation: _____

Date Of birth: _____ Present Age: _____ Height: _____ Weight: _____

Marital Status: S M D W P # of children: _____ Family Physician: _____

Referred By: _____ (friend, co-worker, sign, internet, advertising, phone book)

Please state your primary reason for coming to our health center.
What are your main goals?

Please list your major health concerns in order of importance.

- | | | |
|----|----|----|
| 1. | 4. | |
| 2. | 5. | |
| 3. | 6. | 1. |

Please complete the following for both your primary concerns and secondary complaints, if it applies to you.

Before you began to suffer from your primary and secondary complaints, was there any Physical, Chemical or Emotional Stress that may have triggered or contributed to your health challenges? (Ex. Trauma from accidents/injuries/surgeries, Toxin or allergy exposure from food, drink, drugs: prescription, over-the-counter or recreational, and/or Emotional overload or mental strain circumstances). Comments:

Since you began to suffer from your primary and secondary complaints, what, if anything, have you tried to do to help that has not worked permanently? (Ex. Ice, heat, rest, over-the-counter meds, prescriptions, P.T., supplements). Comments:

Did these give you temporary relief? Yes No

The following questions are about how your health challenges or general state of health affect your life so that we can better measure your progress and the benefits of your care here in the future.

When your health challenges or general state of health is at its worst, which of the following does it affect? Normal daily activities____, Productivity or performance at work____, Sleep____, Relationships____, Prevents you from doing things you enjoy such as hobbies or special interests____. Comments:

Are there things that you would try, or do more of if it weren't for these problems? Comments:

Do you feel that your health concerns or current state of health is: worsening ____, staying the same ____, or improving ____? Comments:

So that we have a better idea of how you see your care here progressing:

Why did you choose Natural Healthcare Specialties to support your health?
What do you know about Dr. Pinto's whole body / whole health approach?

Do you agree that a different approach than what you have already tried is going to be necessary to get rid of your health problems completely? Yes No Comments:

On a scale of 1 – 10 (ten being the most) how much so do you want to get rid of your health problems completely? _____ Comments:

Your attitude about your health is as important to us as the specific reasons you've consulted our office. Below are four prevalent health attitudes. Please mark the ones that most closely reflect your personal values or that you would like to investigate.

- Symptom Relief Care Only – I only consult a practitioner when I have an ache or pain and discontinue treatment as soon as it has cleared up.
- Corrective Care When Possible – In addition to symptomatic treatment, I consult practitioners to help detect and correct the "upstream" causes of my symptoms, working toward preventing problems from recurring.
- Pro-active Wellness Care – I am conscious about my health, diet, exercise, etc. and actively pursue keeping "tuned up" because it makes me feel better, perform better, gain clarity and it maximizes my potential.
- Family Preventive Care – I take an active part in assisting, informing and maintaining health with my family. Understanding and utilizing the long term effects of good health is a priority to me.

Assuming we can help you with your health problems, is there anything that may prevent you from following through with a wellness plan here at Natural Healthcare Specialties? Yes No (Ex.- time, transportation, finances, etc.) Comments:

I certify that the information provided on this form is correct to the best of my knowledge.

Signature

Date

Office Use: