

Name: \_\_\_\_\_ MRN: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive Integrative Medicine email newsletters? Yes  No

Are you signed up for Beaumont's MyChart? Yes  No

Primary Care Physician: \_\_\_\_\_

List your current allergies: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Please list your health concerns in order of importance to you:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

Use the back of this form if more space is needed.

Since your last visit to Integrative Medicine, list all new health developments:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

List your current medications along with dose, frequency and duration of use (including supplements).

<i>Medication/Supplement</i>	<i>Dose</i>	<i>Frequency</i>	<i>Duration</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Bring all medications and supplements in the original bottles to your appointment. Please use the back of this form if more space is needed.

### Personal Life and Habits

Do you feel safe in your home and/or workplace? Yes  No

- If no, please talk to me so that I can help you.

Have you ever been physically, emotionally or sexually abused? Yes  No

- If you are experiencing physical, emotional or sexual harm from someone, please talk to me so that I can help.

