

Seattle Integrative Medicine
5322 Roosevelt Way NE Seattle, WA 98105
Phone: 206-525-8012 Fax: 206-525-8013

Name: _____ **DOB:** _____

Allergies (medication, food, etc.): _____

Person to Contact in Case of an emergency: _____

Phone #: _____

Insurance Carrier: _____

Who referred you?: _____

History of Main Concern

Please describe how and when your main concern started, how it has progressed over time, and how it is affecting your life.

Please list all other practitioners you are seeing, their specialties and phone Numbers. (Note: they will not be contacted without your permission)

Past and Present Medical Diagnoses

Current Medications and Dosage

Current Nutritional Supplements and Dosage
