Lotus Acupuncture & Holistic Health Clinic
3145 Virginia Beach Blvd., Suite 210, Virginia Beach, VA. 23452
Email: info@lahhc.com Phone: 757.431.0053

Nutritional Response Therapy
New Patient Information Form

Please print clearly:
Patient Information

Name _____ Date _____
Address _____ Apt. # _____
City _____ ZIP _____
Please put a star by preferred phone:
Home phone: _____ Cell Phone: _____ Work phone: _____
E-mail Address: _____

Referred By: _____

Occupation _____ Employer _____

Date of Birth _____ Age ____ Sex: M/F Height _____ Weight _____

Current Health Concerns
Overall Health (circle one): Excellent / Good / Fair / Poor / Other: _____
Chief complaint (reason you are here): (use back of sheet if more room needed)
_____
Previous treatments for this complaint _____
_____
Other complaints or problems: (use back if needed) _____
_____
Current medications/drugs being taken: (use back is needed) _____
_____
Are you currently under the care of a physician or other health care professionals?
(if yes, please give name and date of last visit):
_____
Nutritional supplements you are taking: _____
_____
Do you smoke, drink coffee or alcohol? (if yes, indicate how much)
Cigarettes _____ Coffee _____ Alcohol _____

Health History/ Family
List any major illnesses (with approx. dates): _____
_____
List any surgery or operations with approx. date: _____
_____
Past Accidents or injuries: _____
_____

Lotus Acupuncture & Holistic Health Clinic
3145 Virginia Beach Blvd., Suite 210, Virginia Beach, VA. 23452
Email: info@lahhc.com Phone: 757.431.0053

Nutritional Response Therapy
New Patient Information Form

Health History/ Family (Cont'd)

Marital Status (circle): Single Married Divorced Widowed Domestic Partnership

Name of Spouse/ Partner: _____

Describe health of Spouse/ Partner: _____ Number of children if any _____

Name of Child	Age	Sex	Any physical conditions or concerns?
_____	____	M/F	_____
_____	____	M/F	_____
_____	____	M/F	_____

Any family history of serious illnesses (circle those which apply): _____

_____

Any household pets or other animals you or family members are in close contact with:

_____

Dietary Intake for 2 days before appointment

Breakfast:

Snacks:

Lunch:

Snacks:

Dinner:

Snacks:

Breakfast:

Snacks:

Lunch:

Snacks:

Dinner:

Snacks:

What can we do to make you happier? _____

_____

Lotus Acupuncture & Holistic Health Clinic
3145 Virginia Beach Blvd., Suite 210, Virginia Beach, VA. 23452
Email: info@lahhc.com Phone: 757.431.0053

Signed _____ Date _____