



DR. NIKKI CONTE, N.D.

DOCTOR OF NATUROPATHY

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CLIENT PROFILE

Date _____

A note to our clients: Naturopathic, holistic and preventative health care are only possible when the physician has a complete picture of the patient physically, mentally and emotionally. Please complete this questionnaire as thoroughly as possible. ALL INFORMATION GIVEN IS STRICTLY CONFIDENTIAL. Thank you. – Dr. Conte

Name _____ Age ____ Birthday ___/___/___ Sex: M F

Address _____
(Street or Post office) (City) (State, Zipcode)

Phone (home) _____ (work) _____

Cell phone _____ E-mail: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

What other health care are you presently receiving? _____

Physician name(s): _____

PRESENT HEALTH CONCERNS

Please list your most important health concerns that prompted you to come today. On a scale of 1-10, with 10 being the worst, assign a number to these concerns.

_____	<i>Problem or Concern</i>	<i>1 - 10</i>
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YOUR HEALTH HISTORY

HEALTH AS A CHILD ___ Good ___ Fair ___ Poor

CHILDHOOD ILLNESSES (SELECT ALL THAT APPLY)

___ Scarlet Fever ___ German Measles ___ Measles ___ Mumps
___ Rheumatic Fever ___ Chicken Pox ___ Diphtheria ___ Pertussis

HOSPITALIZATIONS (YEAR AND REASON): _____
