## Anne Schechter C.N.C.

Date:	
Name:	
Address:	
Email Address:	
Phone number:	
Date of Birth:	
Weight:	
Height:	
Married/Single:	
Please share your health concerns:	

Have you ever received a medical diagnosis for this problem?

Was there an event that caused this concern?	
Have you received treatment for this concern?	
Any serious injuries or illnesses?	
Are you menopausal?	

## YOUR MEDICAL HISTORY (circle all that apply and elaborate if possible)

YOUR MEDICAL HISTORY (circle all that apply and elaborate if possible)
Cancer
Autoimmune disease
Pain
Arthritis
Muscle pain
Muscle cramping
Chronic Pain
Fatigue
Chronic fatigue syndrome
Fibromyalgia
Acid reflux
Hernia
IBS
Celiac disease
Gallbladder issues
Diabetes
Weight imbalance
Concussion
Dizziness
Seizures
Tinnitus
ADD/ADHD
Memory loss
Insomnia
Heart disease
Cholesterol issue

Back pain

Constipation

Diarrhea

Nausea

Bloating or gas

**Dental** issues

Difficulty swallowing

**GERD** 

Blood pressure imbalance

Stroke

Hepatitis

Fatty liver

Kidney disease

Kidney stone

UTI

**Prostate condition** 

Frequent urination

Allergies

Anemia

Bruise easily

Asthma

Low immunity

Loss of hearing

Ear infections

Eye issues

Gout

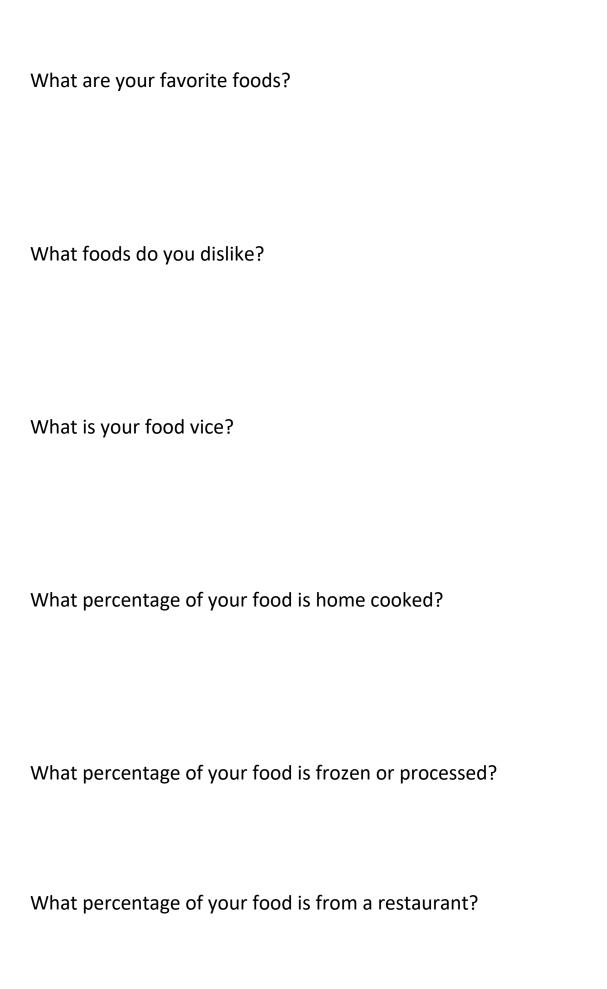
Lyme disease

Hyper/Hypo thyroid
PMS
Vaginal infections
Hair loss
Acne
Skin issues
Cold sores
Canker sores
Sore throat
List medical concerns of immediate family:  Any history of addiction?
Please list any medications you currently take:

Please list any supplements you currently take:
Have you used antibiotics and if so, when?
Are you allergic to any medications or supplements?
Do you exercise?
Do you spend time outdoors?
Do you smoke?

Do you drink alcohol?
Do you drink coffee?
Have you ever been out of the country?
Rate your stress level on a scale of 1-10:
Do you have pets?
What is your occupation?

Do you sleep well?
How many hours per night?
What time do you go to bed?
What time do you wake?
Are you on any special diets?
Any dietary restrictions?
What are your cravings?



Describe a normal mealtime for you:
What are your health goals?
Anything else you would like to share:
Please Note:  If you need to get in touch with Anne, please call the front desk 763-537-5555
Phone Consultations are \$3/min