Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

Name:_______________________________________Sex:__________
Age: ____ Date of Birth: __________ Social Security Number__________
Address:____
Home Phone:__________________ Work Phone ___________________
Employer:____
Emergency Contact: _________ Phone: __________ Relation: __________
How did you hear about us? _____________________________________

Health Concerns (list all)
#1 ____
#2 ____
#3 ____
#4 ____
#5 ____
#6 ____
#7 ____

How long have you had each of these health concerns? (Write above)

How willing are you to change your sleeping, eating, drinking, work, rest, exercise, and medication habits? (Circle answer)
No change   little change   much change   Change Anything

Describe:____
What are your goals for this visit today? ____________________________
What are your long-term health goals? _____________________________
____
List prescription or self-prescribed drugs you are currently taking:

Drug	Dose	Reason for taking	How long on drug	Who prescribed

Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

List prescribed or self-prescribed vitamins, minerals, and supplements:
Substance Dose Reason for taking How long using Who prescribed

List any allergies, sensitivities, or intolerances you are aware of:
Food, drug, pollen, insect bite/sting, mold, plant, House Dust Mite, animal hair.

Past Medical History
List your current health care providers:
Name Generalist/Specialist Reason for visits Phone

Date of last complete physical examination:________ Results: normal other_____
Date of last blood draw and analysis: ________ Results: normal other ________
Date of last urine analysis: ________ Results: normal other __________________

(FEMALES)
Date of last PAP and pelvic exam: ________ Results: normal other____________
Date of last mammogram: ________ Results: normal other __________________
Are you pregnant, or possibly pregnant? ____________________________________
Date of last menstrual period: ____
Are you cycles regular? ________ How long are your cycles? ________________
Do you perform breast self - examination monthly?
____
If sexually active, form of contraception / disease prophylaxis used: __________

Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

(MALES)
Date of last prostate exam: ________ Results: normal other ________________
Date of last Prostate Specific Antigen test: ________ Results: normal other ____
Do you perform testicular self - examination monthly?______________________
If sexually active, form of contraception / disease prophylaxis used: ___________

Surgeries, Traumas, Car Accidents, and Hospitalizations

Date	Diagnosis	Procedure	Reason for Procedure	Outcome

Water Intake
How many cups (8 ounce) of water do you drink each day? __________________
How many cups of other beverages each day? Fruit juice: _______ Coffee: _____
Black Tea: _____ Green Tea: _____ Soft drink: _____ Alcoholic drink: _______

Sleep Habits
How many hours do you sleep each night? Weekend: _______ Weekday: _______
Have you experienced disrupted sleep or difficulty going to sleep? ____________
____
Upon waking, do you feel rested? ____
Sleep schedule (circle one): Nighttime Daytime

Dietary Intake
List your usual breakfast time and menu: _______________________________
List your usual lunchtime and menu: ___________________________________
List your usual dinnertime and menu: ___________________________________
What are your common snack times and foods?____________________________
____
How often do you skip meals? _______________ Which meals? ______________
Do you experience indigestion, bloating, gas, burning, burping, or nausea after food? ____
Do you crave any particular foods? ______________________________________
Do you have any dietary restrictions? ____________________________________

Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

Energy, Stress and Distress
How would you describe your energy level on a scale of 1-10? (Ten is highest)__
Do you have great fluctuations in your energy level? ________________________
What do you do to improve your energy level? ____________________________
How often do you exercise? _______________ For how long at a time? ________
How long have you been consistent with this exercise pattern? _______________
What level of stress do you deal with daily on a scale of 1-10? (Ten is highest) __
What do you do to decrease your stress level? ____________________________
Have you ever been seriously depressed? ________________________________
What has helped with your depression? __________________________________

Bowel and Urinary Elimination
How often do you urinate each day? ______________________________________
What color is your urine? ____
Do you have pain, burning, incontinence or other symptoms with urination? ____
____
How often do you have a bowel movement? ________________________________
What color is the fecal matter? ____
Do you have pain, burning, constipation, diarrhea, or any other symptom with bowel movements? ____
Do you have blood or mucus in your feces? _______________________________

Personal intake habits

	Never	Previously	Currently	Frequency	Amount
Tobacco					
Alcohol					
Caffeine					
Recreational Drugs					

Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

Wellness and Illness

	Illness	Dates of Duration	Genetic cause?	Other occurrences	Treatments	Date of Wellness
Physical						
Mental						
Emotional						
Relational						
Spiritual						

Family History
Indicate your relatives that have had any of the following:

Condition:	Relative:	Condition:	Relative:
Allergies		Hearing loss	
Alcoholism		Hepatitis	
Anemia		High blood pressure	
Arthritis		Hypoglycemia	
Asthma		Kidney disease	
Bleeding tendency		Mental disorder	
Cancer		Obesity	
Diabetes		Stroke	
Epilepsy		Thyroid condition	
Heart disease		Other:	

Social History
Single Married Partner
Name of spouse / Name of partner: ____
Your occupation: _______________________Your education: __________________
Children: (health status, ages and sex) _____________________________________
Do you have people that you can confide in?________________________________

Abundant Life Naturopathy 15435 Main Street NE, Duvall, WA
Dr. Peter Dodge, Po Box 772, Carnation, WA 98014

www.abundantlifenaturopathy.com

Phone (425) 941-6596

Review of Systems

- ☐ Anemia
- ☐ Blood disease
- ☐ Fatigue
- ☐ Dizziness
- ☐ Recurrent headaches
- ☐ Loss of hearing
- ☐ Ringing in ears
- ☐ Recent loss of vision
- ☐ Eye pain
- ☐ Changes in vision
- ☐ Frequent sore throats
- ☐ Numbness
- ☐ Weakness
- ☐ Tingling
- ☐ Nervousness
- ☐ Depression
- ☐ Skin problems
- ☐ Brittle nails
- ☐ Hair loss
- ☐ Allergies
- ☐ Frequent sinus infections
- ☐ Asthma
- ☐ Bronchitis
- ☐ Difficulty breathing
- ☐ Tuberculosis
- ☐ Stroke
- ☐ Poor circulation
- ☐ Varicose veins
- ☐ Frequent nosebleeds
- ☐ Hemorrhoids
- ☐ Irregular heartbeat
- ☐ Heart disease
- ☐ Chest pain
- ☐ Recurrent vomiting
- ☐ Irregular cycles
- ☐ Fibrocystic breasts
- ☐ Uterine fibroids
- ☐ Polycystic ovarian syndrome
- ☐ Sexually transmitted disease
- ☐ Kidney infection
- ☐ Kidney stones
- ☐ Cervical dysplasia
- ☐ Addictions
- ☐ Obesity
- ☐ Anorexia
- ☐ Bulimia
- ☐ Alcoholism
- ☐ Skin rashes
- ☐ Blackouts
- ☐ Loss of memory
- ☐ Exposure to heavy metals
- ☐ Exposure to strong chemicals
- ☐ Depression
- ☐ Constipation
- ☐ Stomach ulcers
- ☐ Autoimmune disease
- ☐ Inflammatory bowel disease
- ☐ Thyroid disease
- ☐ Diabetes
- ☐ Swelling of ankles
- ☐ Liver disease
- ☐ Anxiety