

CRAWFORD NATURAL HEALTH CENTER
10231 FAIR OAKS BLVD, FAIR OAKS, CA 95628 - (916) 962-3101
www.CrawfordNaturalHealthCenter.com

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Age: _____ DOB: _____ Height: _____ Weight: _____

Home Phone: () _____ Alternate Phone: () _____

E-Mail: _____

Occupation: _____ Employer: _____

Please list all prescription and over-the-counter medications and supplements you are currently taking: _____

Are you currently being seen by (or recently been under the care of) another medical care provider?

Y / N. If yes, please provide the name and telephone # _____

For what medical condition(s)? _____

Chief complaint: _____ Location: _____

What makes it better? _____

What makes it worse? _____

Date of onset: _____ Mode of Onset: _____

Previous treatment?: _____

Getting better or getting worse? _____ Referred by: _____

Signature: _____ Date: _____