

# **NATURAL HEALTH**

**2000 JEFFERSON**

**QUINCY, IL 62301**

**217-228-2040**

## **NEW PATIENT INTRODUCTION FORM**

**Patients Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**1. Chief Concerns:**

**2. Medications and/or Nutritional Supplements currently on:**

**3. Dietary Intake for 2 days before appointment:**

**Breakfast:**

**Breakfast:**

**Snacks:**

**Snacks:**

**Lunch:**

**Lunch:**

**Snack:**

**Snack:**

**Dinner:**

**Dinner:**