Natural Choices Health Clinic

Your natural choice for health care

3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116

www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com

Dr. Lita Buttolph, DSOM, LAc.

New Patient Intake Form

_____

Legal Name (First Middle Last)

_____

Preferred Name (Nickname)

_____

Street Address

_____ _____ _____

City State Zip code

_____ _____

Phone number Email address

_____ _____ _____

Date of Birth Marital Status Preferred gender + pronoun

Do you prefer phone or email contact? _____

_____

Occupation/how do you spend your days? Employer? Number of hours per week?

_____ _____

Emergency contact name and relationship Emergency contact phone #

By signing below, I acknowledge that I am financially responsible for all charges. I understand that payment is due upon receipt of treatment. If it becomes necessary to effect collections of any amount owed on this or subsequent visits, the undersigned agrees to pay for all costs and expenses, including reasonable attorney fees. I hereby authorize Vital Life Acupuncture Clinic to release information necessary to secure payment to insurance billers, insurance companies and other related entities. I authorize the release of any medical or other information necessary to the process of this claim. I understand that a Missed Appointment Fee of $25.00 will be charged for missed appointments or late cancellations.

_____ _____

Client or Authorized Person's Signature Date of Signature

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

What is the main reason for your visit today?

_____

_____

What are you chiefly hoping to address?

_____

_____

Are you currently receiving healthcare? [ ] Yes [ ] No.

If yes, from whom? _____

For what reason? _____

Please list any recent hospitalizations or surgeries, including approximate dates:

_____

Please list any major medical conditions that you are currently under treatment for:

_____

MEDICATIONS
Please indicate if you are currently taking or have taken the following:
C=Currently Taking **P**=Taken in the past **N**=Never taken/used

Appetite suppressants	C	P	N	Laxatives	C	P	N
Sleeping Aid	C	P	N	Tobacco	C	P	N
Birth Control	C	P	N	Cortisone	C	P	N
Thyroid Medication	C	P	N	Pain Relief	C	P	N
Blood thinners	C	P	N				

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

Please list all medications and supplements below:

Medication or Supplement	Dosage	Frequency

Family Health History

Please indicate if a family member (i.e.; Mother, Father, Grandparents, or Siblings) has had any of the following. If yes, please specify which family member in the space provided.

Y=YES **N**=NO

Condition			**Family Member**	**Condition**			**Family Member**
Asthma	Y	N		Kidney Disease	Y	N	
Cancer	Y	N		Mental Illness	Y	N	
Diabetes	Y	N		Tuberculosis	Y	N	
Glaucoma	Y	N		Stroke	Y	N	
Heart Disease	Y	N		Substance abuse	Y	N	
Hypertention	Y	N					

Please indicate if you have had any of the following:

CHILDHOOD ILLNESSES

Scarlet fever	Y	N	Diphtheria	Y	N
Chicken pox	Y	N	Mumps	Y	N
Rheumatic fever	Y	N	Polio	Y	N
Pertussis	Y	N	Hepatitis	Y	N

IMMUNIZATIONS

Measles	Y	N	Diphtheria	Y	N
Tetanus	Y	N	Mumps	Y	N
Rubella	Y	N	Polio	Y	N
Pertussis	Y	N	Hepatitis B	Y	N

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

Additional immunizations:_____
_____

ALLERGIES
Please list all allergies you are aware of:
Drugs:_____
Foods:_____
Environmental:_____

HABITS
Do you…
Awaken rested? Y N Average hours of sleep _____
Have you ever been treated for drug or alcohol abuse? Y N
Do you use recreational drugs? Y N
Do you drink alcoholic beverages? Y N # drinks per week _____

What are your main hobbies and interests?_____

_____

What forms of exercise do you get and how often?_____

_____

CONDITIONS
C=Condition you currently have **N=**Never had **P=**Have had in the past
SKIN

Scarlet Fever	C	N	P	Boils	C	N	P
Color Change	C	N	P	Eczema	C	N	P
Hives	C	N	P	Itching	C	N	P
Lumps	C	N	P	Moles	C	N	P
Rashes	C	N	P	Scaling	C	N	P

HEAD

Hair loss	C	N	P	Headaches	C	N	P
Skull fracture	C	N	P	Head injury	C	N	P

EYE

Eye pain	C	N	P	Cataracts	C	N	P
Double vision	C	N	P	Dryness	C	N	P
Glasses/contacts	C	N	P	Glaucoma	C	N	P
Impaired vision	C	N	P	Tearing	C	N	P

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

EAR

Discharges	C	N	P	Earaches	C	N	P
Dizziness	C	N	P	Ringing	C	N	P
Impaired hearing	C	N	P	Trauma	C	N	P

NOSE/SINUSES

Frequent colds	C	N	P	Hay fever	C	N	P
Nose bleeds	C	N	P	Sinus pain	C	N	P
Runny nose	C	N	P	Stuffiness	C	N	P

MOUTH/THROAT/NECK

Bleeding gums	C	N	P	Hoarseness	C	N	P
Difficulty swallowing	C	N	P	Dental cavities	C	N	P
Dry mouth	C	N	P	Sore tongue	C	N	P
Sore throat	C	N	P	Difficulty speaking	C	N	P
Canker sores	C	N	P	Goiter	C	N	P
Neck Lumps	C	N	P	Neck Pain/Stiffness	C	N	P
Swollen Glands	C	N	P	Trauma to Neck	C	N	P

RESPIRATORY

Asthma	C	N	P	Bronchitis	C	N	P
Emphysema	C	N	P	Difficult breathing	C	N	P
Pleurisy	C	N	P	Pneumonia	C	N	P
Shortness of breath	C	N	P	Tuberculosis	C	N	P
Spitting up blood	C	N	P	Wheezing	C	N	P

CARDIOVASCULAR

Angina	C	N	P	High Blood pressure	C	N	P
Dizziness upon standing	C	N	P	Murmurs	C	N	P
Heart disease	C	N	P	Ankles swelling	C	N	P
Palpitations	C	N	P	Rheumatic fever	C	N	P
Chest pain/tightness	C	N	P	Bleeding disorder	C	N	P

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

GASTROINTESTINAL

Belching/passing gas	C	N	P	Blood in stool	C	N	P
Change in appetite	C	N	P	Change in thirst	C	N	P
Heartburn	C	N	P	Gallbladder disease	C	N	P
Hemorrhoids	C	N	P	Jaundice	C	N	P
Liver disease	C	N	P	Ulcers	C	N	P
Nausea/Vomiting	C	N	P	Vomiting blood	C	N	P
Constipation	C	N	P	Diarrhea	C	N	P

URINARY

Urinary tract infections	C	N	P	Night frequency	C	N	P
Daytime frequency	C	N	P	Pain with urination	C	N	P
Urethral discharge	C	N	P	Cloudy urine	C	N	P
Dark colored urine	C	N	P	Blood in urine	C	N	P

FEMALE REPRODUCTIVE SYSTEM

Breast lumps	C	N	P	Difficulty conceiving	C	N	P
Sexually transmitted disease	C	N	P	Breast pain	C	N	P
Oral contraceptives	C	N	P	Painful menses	C	N	P
Scanty menses	C	N	P	Irregular menses	C	N	P
Premenstrual pain	C	N	P	Premenstrual irritability	C	N	P
Excessive flow	C	N	P	Painful intercourse	C	N	P
Breast surgery	C	N	P	Vaginal itching	C	N	P
Vaginal dryness	C	N	P		C	N	P

Age menses began: _____ Age of last menses (if menopausal)_____
Duration of menses:_____ Length between cycles: _____
Number of pregnancies: _____ Number of live births: _____
Number of miscarriages:_____ Number of abortions: _____

MALE REPRODUCTIVE SYSTEM

Hernias	C	N	P	Testicular pain	C	N	P
Sexually transmitted disease	C	N	P	Testicular masses	C	N	P
Prostrate disease	C	N	P	Discharge or sores	C	N	P
Erectile dysfunction	C	N	P	Low sperm count	C	N	P

MUSCULOSKELETAL

Joint pain/stiffness	C	N	P	Broken bones	C	N	P
Joint swelling	C	N	P	Muscle cramps/spasms	C	N	P
Arthritis	C	N	P	Weakness	C	N	P

Natural Choices Health Clinic
Your natural choice for health care
3007 SE Belmont Street, Portland, OR 97214 ph: (503) 445.7115 fax: (503)445.7116
www.NaturalChoicesClinic.com info@NaturalChoicesClinic.com
Dr. Lita Buttolph, DSOM, LAc.

PERIPHERAL VASCULAR

Cold hands/feet	C	N	P	Varicose veins	C	N	P
Deep leg pains	C	N	P	Numb hand/feet/digits	C	N	P

NEUROLOGICAL

Dizziness	C	N	P	Numbness/tingling	C	N	P
Fainting	C	N	P	Loss of memory	C	N	P
Seizures	C	N	P	Paralysis	C	N	P

ENDOCRINE/BLOOD

Anemia	C	N	P	Excessive thirst	C	N	P
Bruise/bleed easily	C	N	P	Hot/cold intolerance	C	N	P
Excessive hunger	C	N	P	Hypothyroid	C	N	P

IMMUNE

Positive test for HIV/AIDS	C	N	P	Autoimmune disease	C	N	P
Easily catches cold	C	N	P		C	N	P

MENTAL/ EMOTIONAL

Anxiety	C	N	P	Excessive fears	C	N	P
Depression	C	N	P	Mood swings	C	N	P
Excessive anger	C	N	P	Excessive sadness	C	N	P

THANK YOU!