WHOLE HEALTH NUTRITION
PHONE: (802) 999-9207 • FAX: (802) 488-5704
366 DORSET STREET, SUITE 10 • SOUTH BURLINGTON, VT 05403

WWW.WHOLEHEALTHNUTRITIONVT.COM
rd@WHOLEHEALTHNUTRITIONVT.COM

Medical History Questionnaire

NAME: _____

DOB: _____

Reason for today's visit: _____

_____

Is there anyone involved in your care with whom we may share your medical information?

If yes, please list names:

_____ _____

_____ _____

How did you hear about us?

☐ Returning patient

☐ Television/Radio

☐ Doctor's referral

☐ Newspaper Ad

☐ Spouse/Family Member

☐ Web Search/Internet

☐ Coworker

☐ Other: _____

Date of your last nutrition assessment/RD evaluation: _____

Fill out the following questions:

List any additional health information that you feel is relevant to today's visit:

_____

_____

_____

_____

_____

_____

_____

List any medications or supplements you are currently taking (or attach list):

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Patient Narrative

Please write a brief summary of any things else that will be helpful to us regarding your health and medical history. Tell me your food story, tell me your fitness goals, tell me your wildest dreams about health and wellness (use the back if needed):