



**Dr. Robert Manfredini, D.N.**  
Naprathy & Wellness

**Confidential Health History Summary – Please Print**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Can I put you on my wellness email distribution list? Y N

Age \_\_\_\_\_ Birth-date \_\_\_\_\_

Nearest Relative \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ (full/part time?) Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

If it was a referral, who? \_\_\_\_\_ Phone (H) \_\_\_\_\_

Last health practitioner seen? \_\_\_\_\_ When? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (F) \_\_\_\_\_

Blood Type \_\_\_\_\_

When was your last blood test? \_\_\_\_\_ Findings: \_\_\_\_\_

**Your Current Health Problems**

1. What is your main reason for coming in today? \_\_\_\_\_

2. Did this happen at work? Y N Car Accident? Y N What day did this happen? \_\_\_\_\_

3. If you have a specific health condition please describe in detail: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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4. When was the very first time that you noticed your condition and describe carefully any factors that you suspect may have played a role in its onset and its continuation? \_\_\_\_\_  
\_\_\_\_\_

List in order of importance other health problems that are troubling you:

- 1) \_\_\_\_\_ & length of time \_\_\_\_\_
- 2) \_\_\_\_\_ & length of time \_\_\_\_\_
- 3) \_\_\_\_\_ & length of time \_\_\_\_\_
- 4) \_\_\_\_\_ & length of time \_\_\_\_\_

Other problems: \_\_\_\_\_

How long has your main problem been bothering you? \_\_\_\_\_

Is your “main problem” getting [*better, worse, same*] and for how many days or weeks? \_\_\_\_\_

What kind of treatment have you received and from whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever seen a naprapath, naturopath, osteopath, chiropractor, acupuncturist or other alternative health practitioner for your current problem? Y N , or for any problem Y N.

What was the therapy and what were the results? \_\_\_\_\_

**Medications:**

<b>Name</b>	<b>Dose</b>	<b>Times per Day</b>	<b>How Long</b>

**Your Health History**

The general state of your health is: ( ) excellent ( ) good ( ) average ( ) fair ( ) poor

On the average describe your energy level form 1 (lowest) to 10 (highest): \_\_\_\_\_

When during the day is your energy the best? \_\_\_\_\_ worst? \_\_\_\_\_

Your current approximate weight? \_\_\_\_\_ height? \_\_\_\_\_ Weight one year ago \_\_\_\_\_

