



Dr. Robert Manfredini, D.N.
Naprapathy & 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:

Name	Dose	Times per Day	How Long

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 _____

