



912-634-0038

www.centeredonwellness.net

Name:	Date of Birth:
Height: Weight:	Phone Number:

Who is your Primary Care Provider? _____

Please list any other practitioners you see and what you see them for:

Self-Assessment:

Which of the following issues do you wish to discuss with a Centered on Wellness Staff member? Check all that apply

- Trouble Sleeping
- Anxiety/Depression
- Stress
- Chronic Fatigue
- Gastrointestinal Issues
- Chronic Pain
- Hormonal Balance/Hot Flashes
- Thyroid
- Other, please specify

Allergies

Are you allergic to any medications? _____ if yes, please list medications and reaction:

Tape Allergy? ____ yes ____ no Latex Allergy? ____ yes ____ no

Do you get headaches when you drink red wine? ____ yes ____ no Shellfish allergy? ____ yes ____ no

Have you been diagnosed with any of the following? Check all that apply:

Cardiovascular

If yes, List any meds being taken

Coronary or heart attack	Yes	No	
Congenital heart disease (at birth)	Yes	No	
Heart Murmur	Yes	No	
Rheumatic Fever	Yes	No	
Palpitations or irregular heartbeat	Yes	No	
Prolapsing valve	Yes	No	
High Blood Pressure	Yes	No	
Any bleeding disorders	Yes	No	
Stroke	Yes	No	

Respiratory

If yes, List any meds being taken

Shortness of Breath	Yes	No	
Chronic Lung Disease	Yes	No	
Cough	Yes	No	
Asthma	Yes	No	



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Nervous System

If yes, List any meds being taken

Spine or Back disorders	Yes	No	
Headaches	Yes	No	
Seizures or Epilepsy	Yes	No	

Endocrine

If yes, list any meds being taken

Thyroid problems	Yes	No	
Diabetes	Yes	No	

Other

If yes, list any meds being taken

Kidney/Bladder disorders or chronic infections	Yes	No	
Liver disorder including hepatitis or cirrhosis	Yes	No	
Auto-immune diseases (Lupus, rheumatoid arthritis, HIV)	Yes	No	
Cold sores/fever blisters or herpes	Yes	No	
Cancer? Type:	Yes	No	
Other:	Yes	No	

On Average, how much stress is in your life right now?

<input type="checkbox"/> No stress
<input type="checkbox"/> Moderate Stress
<input type="checkbox"/> Moderately Severe Stress
<input type="checkbox"/> Severe Stress