

# NAET CLINIC HEALTH FORM

Vickie Van Scyoc, RN, NAET Certified Practitioner

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Occupation \_\_\_\_\_

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

Primary reason you are seeking treatment \_\_\_\_\_

When did the symptoms begin? \_\_\_\_\_

Medications currently taken: \_\_\_\_\_

Vitamins, Herbs, etc. \_\_\_\_\_

Chelation, Colonics or other Detox \_\_\_\_\_

Other health professionals you are currently seeing \_\_\_\_\_

Childhood diseases \_\_\_\_\_

Immunizations \_\_\_\_\_

Hospitalizations/Surgeries - Year/Reason \_\_\_\_\_

Significant injuries or traumas \_\_\_\_\_

Any X-rays/Scans in past 2 years \_\_\_\_\_

List any known allergies \_\_\_\_\_

Have you ever had severe allergic reactions to a substance (anaphylactic shock)? Yes \_\_\_\_\_ No \_\_\_\_\_

Under stress, Memory loss, Forgetfulness, Worry \_\_\_\_\_

What are your hobbies/activities? \_\_\_\_\_

Describe your current diet \_\_\_\_\_

Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Alcohol \_\_\_\_\_ Chocolate \_\_\_\_\_ Sugar \_\_\_\_\_ Cigarettes \_\_\_\_\_

Sugar Substitutes \_\_\_\_\_ Laxatives \_\_\_\_\_ Cravings \_\_\_\_\_ Aversions \_\_\_\_\_

Family History : Allergies \_\_\_\_\_ Asthma \_\_\_\_\_ Arthritis \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_

Heart Disease \_\_\_\_\_ Lung Disease \_\_\_\_\_ Mental Disease \_\_\_\_\_ Other (specify) \_\_\_\_\_

Any information we should know to better serve you: \_\_\_\_\_

\_\_\_\_\_