

# Pinnacle Health and Wellness-PATIENT INFORMATION

(Please fill in your information **in detail** so we can make our BEST recommendations for your treatment)

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

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home#: \_\_\_\_\_ Work#: \_\_\_\_\_ Cell# \_\_\_\_\_

Sex: \_\_\_M \_\_\_F Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of Children: \_\_\_\_\_

Who is responsible for this account? \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

## General

- Allergy/Hypersensitivity
- Headaches/Migraines
- Loss of sleep
- Anxiety/Panic/Depression

## Cardiovascular/ Respiratory/ GI

- Reflux/Indigestion
- Blood pressure issues
- High Cholesterol
- Digestive Issues, Gas, Elimination

## Genito-Urinary

- Prostate Trouble
- Kidney Infection/Stones/UTI
- Frequent Urination

## Muscles & Joints

- Neck and back Pain/Stiffness
- Bulging/Herniated Discs/Degeneration
- Arthritis/Joint Inflammation

## Ears/Eyes/Nose/Throat

- Cataracts/ Macular Degeneration
- Thyroid Issues, Hypo/Hyper

## Women Only

- PMS/Painful Menstrual Cycle
- Hot Flashes/Menopausal Issues
- Ovarian/Uterine Cysts& Fibroids

## Previous or Current Diagnosis

- Cancer
- Diabetes I or II
- Depression
- HIV/AIDS
- Fibromyalgia/Chronic Fatigue
- MS/RA/SLE (Autoimmune)

## Surgery

- Neck/Back
- Shoulder/Hip/Knee
- Gallbladder

What are your goals for care in our office?

- I just want some relief of my symptoms or discomfort
- I would like to correct the underlying problem so it doesn't return
- I am interested in being my healthiest and learning to stay that way

How long do you think it will take to not only feel better, but to actually get well? \_\_\_\_\_(months, years)

Are you interested in identifying and taking care of the root cause of the problem instead of just taking a medicine to treat the symptoms? Yes\_\_\_ No\_\_\_

Are you open minded to the idea of natural, holistic health care? E.g. chiropractic and nutritional treatments? Yes\_\_\_ No\_\_\_

If you are taking medicine for a particular health condition, ie. diabetes, arthritis, cholesterol; would you be Interested in a more natural alternative to medicine? Yes\_\_\_\_\_ No\_\_\_\_\_

**Chief Complaint(s)**

**1<sup>st</sup> Health Concern** and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

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- Is this a problem you would like to get rid of if you could? Yes\_\_\_ No\_\_\_

**2<sup>nd</sup> Health Concern** and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

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- Is this a problem you would like to get rid of if you could? Yes\_\_\_ No\_\_\_

**3<sup>rd</sup> Health Concern** and how is this health problem interfering with the quality of your life? Eg. Work, relationships, exercise, social life, hobbies etc.?

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- Is this a problem you would like to get rid of if you could? Yes\_\_\_ No\_\_\_

On a scale of 1-10 (10 being 100% ready and interested, 1 being not interested at all), where would you rate yourself on your commitment to get better?

\_\_\_\_\_/10

Dr. Hamel believes in identifying and correcting the root cause of your health condition(s), if he can help you he will give you his best recommendations and if he can't he will see if he can refer you to someone who can.