## ATLAS DRUG AND NUTRITION CENTER

"a neighborhood tradition for over 70 years" corner of 85th and Kennedy Blvd



## **New Client Information**

## **Please print clearly**

Name:		Date:	
		_Apt. #	
City:	State:	Zip:	
Shipping Address:			
Home Phone:() Cell Phone:()		Work Phone:() Email Address:	
Easiest place to reach you: _		May we leave a message? Y/N	
Referred by:			
Occupation:	En	Employer:Weight:	
Date of Birth:	Age: _	Height: Weight:	
		dosages:	
Are you currently under the please give name:		ian or other health care professionals? If yes	
Are you currently taking vita	amins, herbs or	nutritional supplements? If yes, please list:	
Personal Habits: Do you use	e the following a	and if so, how much?	

Coffee	Cigarettes	Coffee	Alcohol
List any major illnesses, injuries, surgeries (with approx. dates):	Soda	Sugar	Non prescription drugs
List any major illnesses, injuries, surgeries (with approx. dates):			
List any major illnesses, injuries, surgeries (with approx. dates):			
Any major scars or body piercings (please list):  # of pregnancies: Are you currently pregnant: Y/N  Marital status (please circle): Single, Married, Divorced, Widowed  Name of Spouse or Partner:  Describe health of Spouse or Partner:  # of Children: Any concerns or health issues (if so, please list):  Any family history of serious illnesses (circle those which apply): Cancer / Diabet Heart / Stroke / Other:  Any household pets or other animals you or family members are in close contact when the proof of the	HEALTH HISTO	ORY:	
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