

CALMGLOW

HISTORY

DATE OF VISIT _____

PATIENT NAME AND EMAIL ADDRESS _____

ADDRESS / CITY / ZIP _____

HOME AND CELL PHONE _____

DATE OF BIRTH _____ AGE _____ GENDER _____

PRIMARY CARE PROVIDER NAME _____

LAST MAMMOGRAM _____ LAST PHYSICAL AND PAP SMEAR _____

REASON FOR VISIT _____

PAST MEDICAL DIAGNOSIS _____

SURGERIES _____

ALLERGIES _____

MEDICATIONS _____

SUPPLEMENTS _____

SOCIAL HISTORY

MARITAL STATUS _____ CHILDREN _____ OCCUPATION _____ SMOKER _____ AMT _____

ADEQUATE SLEEP _____ CAFFEINE _____ AMT _____ ALCOHOL _____ AMT _____

FAST FOOD _____ STREET DRUGS _____ VIOLENCE _____ STRESS _____

LIST YOUR GREATEST DESIRES _____

MY DESIRES ARE BEING PREVENTED BY _____

FAMILY HISTORY

BREAST CANCER _____ OTHER _____

GYN CANCER _____

COLON CANCER _____

HEART DISEASE _____

DIABETES _____

HIGH BLOOD PRESSURE _____

THYROID DISEASE _____

THE ABOVE INFORMATION IS ACCURATE. I HAVE HAD A MAMMOGRAM WITHIN 1 YEAR AND A PAP SMEAR WITHIN 3 YEARS. I RELEASE CALMGLOW FROM RESPONSIBILITY FOR ADVERSE EVENTS

SIGNATURE _____ PROVIDER SIGNATURE _____