



Deborah Manke, HNP Functional Medicine
Holistic Practice, Adult Primary Care, Acupuncture Detoxification

Medical History

Date: _____

Legal Name: _____

Date of Birth: _____

Allergies:

Primary Health Concerns:

Hospital Admission/Surgeries/Dates:

Current Medical Problems/Chronic Diseases (date of onset):

How much do you feel that modifying your nutrition/food plan & lifestyle habits can help you with your health concerns?

Current Medications - Prescription & Non-prescription (Include Name, dose, # of pills taken/reason for taking):

Current Supplements/Vitamins/Herbs (Name, brand, dose, # of pills taken/ reason for taking):