



SUSTAINABLE HEALTH
C E N T E R

528 Arizona Ave., Suite 209
Santa Monica, CA 90401
310.319.1122
office@sustainablehc.com
www.sustainablehc.com

NEW CLIENT INFORMATION FORM

Please Print Clearly

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Work: _____ Cell: _____

E-mail: _____ Referred by: _____

Personal Information:

Occupation _____ Employer _____

Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____

Overall Health (circle one) Excellent/ Good/ Fair/ Poor/ Other: _____

Chief Complaint (reason for visit/Use separate sheet if needed) _____

Previous Treatments for this complaint _____

Other Complaints or problems _____

Current Medications/Drugs being taken (Use separate sheet if needed) _____

Are you currently under the supervision of a physician or other health care professional?
(if yes please give name and date of last visit):

Nutritional Supplements you are taking:

Do you do any of the following? If yes, indicate how much and how often.

Cigarettes _____ Drink Alcohol _____ Coffee _____ Eat Sweets _____

Family History: Diabetes _____ Heart Disease _____ Cancer _____ Other _____