

Hampton Natural Therapeutics
115 South Main
Mt. Clemens, MI 48043
(586) 864-2108

DATE: _____

CASE #: _____

NAME: _____

DOB: _____

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE: _____

EMERGENCY NAME/PHONE: _____

HEIGHT: _____

WEIGHT: _____

AILMENTS/SYMPTOMS: Please list every ailment, symptom or condition that you would like to bring to the doctor's attention.

AILMENT/SYMPTOM

WHEN DID IT START?

AILMENT/SYMPTOM	WHEN DID IT START?

What type of treatment have you undergone? How long did the treatment last? What drugs or medicines have you been taking, particularly the last three years? Include vitamins, herbs, supplements, etc...