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## Client Information

Name:	Today's Date:
Phone Number(s):  Cell: Home:	Date of Birth:
Email Address:	Primary Care Doctor:
Referred by:	Social Security Number:
Street Address:	<u>Health Insurance Information</u> Company:  Policy (ID) Number:
What are your main reasons for seeking care today? (List most important condition first)	
Occupation:	
Allergies (food and/or drug):	
List ALL prescription medications you are currently taking:	
List ALL vitamin, nutritional or natural products you are currently taking:	