

Lotus Healing Arts
Mark Ensweiler, D.C.; L. Ac.
2610 Post Rd. Plover, WI 54467
715-345-0655

Name _____ Case No. _____
(Last) (First) (M.I.)

Address _____ Phone _____

City _____ State _____ Zip _____

Date of Birth _____ Married _____ Single _____ Number of Children _____
(Month) (Day) (Year)

Occupation or Profession _____

Employed by _____ Business Phone _____

Name of Head of Family _____

Employed by _____ Business Phone _____

Who is responsible for account? _____

Name/Address _____

Name of health insurance company _____

Policy number _____ Group number _____

Social Security _____ Referred by _____

Please list your main health concerns, issues and symptoms in order of severity or importance:

1. _____
2. _____
3. _____
4. _____
5. _____

Please list any previously diagnosed conditions that may be relevant: _____

(OVER)

Please list any prescription or "over the counter" (aspirin, etc.) medications that you are currently taking:

Please list any vitamins, minerals, herbs or other natural supplements that you are currently taking:

Which of the following do you currently eat, drink or use:

Alcohol_____	Cigarettes_____	Tap Water(chlorinated)_____
Candy_____	Coffee_____	Distilled or filtered water_____
Carbonated Soda_____	Fried foods_____	Margarine_____
Fast food(Restaurants)_____	Fresh fruits/vegetables_____	Whole grain(bread, pasta)_____
Commercial meats_____	Fish_____	Luncheon meats_____
Artificial sweeteners_____	Sugar_____	Dairy products_____
Salt_____		

Do you feel as though you are (or have in the past 6-12months) under excessive amounts of emotional tension or stress? No _____ Yes _____ Please explain _____

Please list the average amount of sleep you are currently getting per night _____. Is your sleep deep and restful _____; Intermittent/interrupted _____.

What are you currently doing to support your level of health and well-being:

After reading and filling out the case history, your signature will verify that all the information you have given is accurate and that you have read the questions entirely.

Signature _____ Date _____

Fees payable when service rendered unless special arrangements are made.