

# THE NATURAL HEALTH IMPROVEMENT CENTER ST. JOSEPH

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## New Patient Introduction Form

*PLEASE PRINT THIS PAGE, FILL OUT THE INFORMATION AND BRING THIS WITH YOU TO YOUR APPOINTMENT. THANK YOU!*

**Patient Name:**

**Date:**

1. **Chief Concerns:**

2. **Medications and/or Nutritional Supplements currently on:**

3. **Dietary Intake for 2 days before appointment:**

**Breakfast:**

**Breakfast:**

**Snacks:**

**Snacks:**

**Lunch:**

**Lunch:**

**Snacks:**

**Snacks:**

**Dinner:**

**Dinner:**

**Snacks:**

**Snacks:**