

Pre-Appointment Confidential Information – Please Print

Name: _____ Date of Birth _____

Address: _____ Zip _____

Phones: home _____ work _____ cell _____ Single? _____

Married? _____ Spouses Name _____ how long? _____

Emails: _____ Number of children _____

Names of children and ages _____

What church or parish do you attend? _____ How Long? _____

Primary Care Physician: _____ Phone _____

Please list any on-going health issues and treatments:

Please list the top three issues you seek to discuss:

Please describe what you see as the barriers: