

**Personal / Medical Information – Michael Aanavi, PhD, LAc / Depth Therapies Alaska, LLC**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number best to reach you: \_\_\_\_\_ OK to leave detailed messages? Yes No

Email \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_ By whom were you referred? \_\_\_\_\_

For what concerns are you seeking help? \_\_\_\_\_

Are you pregnant, or think you might be pregnant? Yes No Trying to conceive? Yes No

When was your most recent physical exam? \_\_\_\_\_ Why? \_\_\_\_\_

Were there any concerns or findings of note? \_\_\_\_\_

Please describe any allergies: \_\_\_\_\_

Current health concerns: (more space available on p.2)	How long?	Previous or Current Treatment

Healthcare providers currently working with you (MDs, Psychotherapists, Naturopathic Doctors, Chiropractors, etc.):	For what issues?

Current medications, herbs, supplements	For what condition?	Prescribed by whom?

Past surgeries, major illnesses, emergency care, significant medical history	When/ How long?	Kind of treatment received?	Any remaining concerns?

Previous psychological/psychiatric/ substance abuse services?	When/ How long?	Kind of service received?	Any remaining concerns?

Substances	Frequency/pattern of use, and/or when last used? (Leave blank if none)
Alcohol	
Tobacco	
Marijuana/Hashish	
Cocaine/Crack	
Amphetamine/Crank	
LSD/Other psychedelics	
Heroin/Other opiates	
Other _____	

Please describe your dietary patterns, and any related concerns:

Please describe your exercise habits:

Please describe the concern for which you're seeking help, including specific symptoms, how long you've had the condition, what else you've done to (if anything) to address it, and anything else that seems relevant:

Please use the the remaining space if you need extra room for any of the above, to tell me anything about your medical/health history you think might be important, for any additional details re: significant past or current concerns, or for anything further you feel might be helpful for me to know about you.