

**DOWNLOAD THIS FORM, COMPLETE, THEN EMAIL IT TO:
ADMIN@THRIVEWELLNESS.INSTITUTE**

[illegible]

3. SURGERY/HOSPITALIZATIONS: Circle or Highlight any of the following applicable to you. When necessary, write with your answer.

Have you removed: ☐ Tonsils ☐ Appendix ☐ Gallbladder ☐ One or both ovaries ☐ Other	When? Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
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List any operations or periods of hospitalizations for any illness.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

4. IMMUNIZATIONS: Select any of the following applicable to you. When necessary, write with your answer.

☐Polio
☐Diphtheria/pertussis/tetanus (DPT)
☐Measles
☐Mumps
☐Smallpox
☐Tetanus booster (last 10 years)
☐List any others:
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.
Click or tap here to enter text.

5. ALLERGIES: Select any of the following applicable to you. When necessary, write with your answer.

Are you allergic to any:

☐ Food ☐ Drugs or medication ☐ Other substances ☐ List:	Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
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6. MEDICATIONS: Select any of the following applicable to you. When necessary, write with answer.

Do you regularly take:

☐ Digestive enzymes ☐ Laxatives ☐ Antacids ☐ Aspirin and cold medications	☐ Sedatives ☐ Estrogen ☐ Cortisone ☐ Sleeping pills	☐ Diet pills ☐ Thyroid ☐ List any other medications you are currently taking: Click or tap here to enter text.
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7. HABITS/ENVIRONMENT: Circle or Highlight any of the following applicable to you. When necessary, write with your answer.

☐ Awaken feeling unrested ☐ Have trouble sleeping ☐ Having problems with constipation	☐ Drink alcohol (how much?Click or tap here to enter text.) ☐ Drink coffee (Click or tap here to enter text.cups/day)	Have you been treated for: ☐ Alcoholism ☐ Drug abuse ☐ Eating disorder
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☐ Exercise: (how much? Click or tap here to enter text. how often? Click or tap here to enter text.) ☐ Have problems at work, home ☐ Have trouble relaxing or enjoying your spare time	☐ Smoke tobacco (Click or tap here to enter text. packs/day)	☐ Have you experienced any significant physical, emotional, or psychological challenges or traumas, including personal, familial, or environmental events, that you feel are important for us to consider during your care?	
8. DIET: Select any of the following applicable to you. When necessary, write with your answer. Do you:			
☐ Feel your diet is adequate ☐ Eat at irregular intervals ☐ Eat in a hurried atmosphere ☐ Eat quickly and forget to chew ☐ Eat between meals ☐ Drink with meals ☐ Eat out often (more than once/week) ☐ Follow a special or restricted diet	☐ Regularly drink "softened" water ☐ Regularly salt your food ☐ Regularly eat fried foods ☐ Use sugar on your food or drinks ☐ Use sugar in cooking ☐ Eat foods with artificial coloring ☐ Or flavoring, preservatives ☐ Avoid certain foods	List any vitamins, mineral or other dietary supplements you are taking: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.	
FAMILY HISTORY: Select any of the following applicable to you. When necessary, write with your answer. Which member of your family or relative had:			
☐ Diabetes Click or tap here to enter text. ☐ Tuberculosis Click or tap here to enter text. ☐ Heart problems Click or tap here to enter text. ☐ Kidney problems Click or tap here to enter text. ☐ Cancer Click or tap here to enter text.	☐ High blood pressure Click or tap here to enter text. ☐ Stroke Click or tap here to enter text. ☐ Epilepsy Click or tap here to enter text. ☐ Nervous breakdown Click or tap here to enter text. ☐ Asthma Click or tap here to enter text.	☐ Hives or hay fever Click or tap here to enter text. ☐ Arthritis or gout Click or tap here to enter text. ☐ Thyroid Problems Click or tap here to enter text. ☐ Bleeding problems Click or tap here to enter text. ☐ Weight problems Click or tap here to enter text.	
WOMEN ONLY: MENSTRUAL HISTORY/PREGNANCIES: Circle or Highlight any of the following applicable to you. When necessary, write with your answer. Do you have:			
☐ Irregular periods ☐ Cramps or pain with period ☐ Tension or depression before period ☐ Breast tenderness before period ☐ Hot flashes at any time ☐ Pain during intercourse ☐ Any unusual bleeding or discharge	Age onset of menses: Click or tap here to enter text. Age at menopause: Click or tap here to enter text. Usual length of cycle: Click or tap here to enter text.days Usual duration of flow: Click or tap here to enter text.days Is your flow: ☐ Light ☐ Medium ☐ Heavy Date last period began: Click or tap to enter a date. Date of last PAP: Click or tap to enter a date.	Are you: ☐ Pregnant ☐ Having problems getting pregnant ☐ Using birth control	Number of: Click or tap here to enter text.children born alive Click or tap here to enter text.Caesarian sections Click or tap here to enter text.premature births What kind: Click or tap here to enter text.stillborn

Thrive Wellness Institute
Gurneet K. Anand, MS, ND

By appointment only.
301-250-1054

			Click or tap here to enter text.miscarriages Click or tap here to enter text.abortions
Thank you for scheduling an appointment with us at the Thrive Wellness Institute. We are excited to support your wellness journey. To help us provide the best care, please send us your latest lab results, relevant imaging, and any other important medical records, along with a picture of your tongue (for tongue diagnosis) before your appointment. You can upload them to CharmEHR, or you can email/text us at: admin@thrivewellness.institute or 301-250-1054 For in-person appointments, you can park on Prospect Ave or in parking spot 21, as shown on this map: https://parking.thrivewellness.institute Thank you for your cooperation. We look forward to seeing you soon.			