

Preston Royal Clinic
Confidential Patient Information

Today's Date____/____/____ Referred by_____
Name_____
Address____ City____ State____ Zip____
Home Phone____ Work Phone____
Email Address_____
Sex____ Birth Date____/____/____ Age____ Blood Type____
Occupation____ Employed by____
Marriage Status____ Children (number/age)____
Height____ Weight____ S.S.#(optional)____
Name of Spouse or Responsible Person_____
Emergency Contact (name/phone)_____
Name of Personal Physician____ (phone)____
Main Diet_____
Family Medical Problems_____
Previous Illness_____
Any Surgery Done_____
Present Main Complaint_____

Doctors Seen for This Complaint_____
Medication_____

☐ Yes ☐ No I have been evaluated by a physician or a dentist for the
condition to be treated within six months.

(For Women Only: Menstruation_____

Birth Control_____ How long_____)

Anything else you would like to mention_____

Signature_____

Name:

Rate your conditions below by circling.

Tired	Very	Slightly	Not really
Depressed	Very	Slightly	Not really
Anxious	Very	Slightly	Not really
Irritable	Very	Slightly	Not really
Forgetful	Very	Slightly	Not really
Insomnia	Very	Slightly	Not really
Sleepy in daytime	Very	Slightly	Not really
Enjoy exercise	Very	Slightly	Not really
Good appetite	Very	Slightly	Not really
Heartburn	Very	Slightly	Not really
Nausea	Very	Slightly	Not really
Bloated abdomen	Very	Slightly	Not really
Gassy	Very	Slightly	Not really
Constipation	Very	Slightly	Not really
Diarrhea	Very	Slightly	Not really
Easy to sweat	Very	Slightly	Not really
Thirsty	Very	Slightly	Not really
Frequent urination	Very	Slightly	Not really
Incontinence	Very	Slightly	Not really
Edema in legs	Very	Slightly	Not really
Foggy head	Very	Slightly	Not really
Headache	Very	Slightly	Not really
Ringing ear	Very	Slightly	Not really
Hard to hear	Very	Slightly	Not really
Dizzy	Very	Slightly	Not really
Eye strain	Very	Slightly	Not really
Stuffy nose	Very	Slightly	Not really
Sore throat	Very	Slightly	Not really
Palpitation	Very	Slightly	Not really
Chest pain	Very	Slightly	Not really
Low libido	Very	Slightly	Not really
Dry skin	Very	Slightly	Not really
Itchy skin	Very	Slightly	Not really
Cold extremities	Very	Slightly	Not really