



HEALING ROOTS

NUTRITION • ACUPUNCTURE • HERBAL MEDICINE

NEW PATIENT INTRODUCTION FORM

Patient Name: _____ Date: _____

1. Chief Concerns: _____

2. Medications and/or Nutritional Supplements currently taking: _____

3. Dietary Intake for 2 days before appointment:

breakfast:

breakfast:

lunch:

lunch:

dinner:

dinner:

snacks:

snacks: