vivaa
INTEGRATIVE HEALTH

# New Patient Checklist

Full Name

Date of Birth DD MM YY

Phone Number

Reason for Visit: _____

_____

**Checklist**

Please check if you have any of the following:

- [x] Prepare Your Medical Records - Gather all relevant prior lab results so they can be reviewed during your initial consult.
- [x] Plan for the Initial Consultation - Set aside 1 for the first appointment: this includes old/recentlab review, intake, and detailed discussion.
- [x] Be Ready for Lab Testing (if applicable) - Some patients may need specialized testing: hormones, food sensitivities, DNA, microbiome, or toxin testing.
- [x] Prepare a complete list of all active medications and supplements you are currently taking, including dosages and frequency.
- [x] Complete any intake forms sent by the team.

Patient Signature _____ Date _____

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# New Patient
## Medical History Form

Full Name

Date of Birth DD MM YY

Phone Number

Reason for Visit: _____

_____

## Medical History

Please check if you have ever had any of the following conditions:

- [ ] Asthma
- [ ] Allergies
- [ ] Seizures
- [ ] Arthritis
- [ ] Cancer
- [ ] Diabetes
- [ ] Liver Disease
- [ ] Heart Disease
- [ ] High Blood Pressure
- [ ] Kidney Disease
- [ ] Sleep Apnea
- [ ] Gastrointestinal Problems
- [ ] Depression
- [ ] Stroke
- [ ] Other: _____

## Surgical History

Have you had any of the following surgeries? Please check all that apply.

- [ ] Appendectomy
- [ ] Hernia Repair
- [ ] Knee Surgery
- [ ] Heart Surgery
- [ ] Hip Replacement
- [ ] Cesarean Section
- [ ] Kidney Surgery
- [ ] Prostate Surgery
- [ ] Spinal Surgery
- [ ] Breast Surgery
- [ ] Other: _____

## Current Medications

Please list any medications you are currently taking:

_____

_____

## Allergies

Do you have any allergies? Please list them below.

_____

_____

## Insurance Information

Insurance Provider:

Policy Number:

Group Number:

Patient Signature _____

Date DD MM YY