

Michael A. Gruttadauria, DC, DACAN
Board Certified Chiropractic Neurologist

326 Walt Whitman Rd, Suite 201
Huntington Station, NY 11746

(631)673-1001 | www.nyhealthsolutions.com



Please take the time to go through the paperwork enclosed and complete it to the best of your ability. Your responses will help us to help you.

PERSONAL INFORMATION				
Name: First:		Last:		Middle Initial:
Address: Street:			City:	
State:	Zip:	-	Phone: ()	—
Work Phone: ()			Cell : ()	
Email :			Fax: ()	
Birth date: Month:		Day:	Year:	Sex (Circle One): Male/Female
Physician's Name:				
City:		State:	Zip:	Phone #: ()
How did you find this practice?				
Occupation:				
Please list your top 3 health concerns:				
1.				
2.				
3.				

When did you first notice the issues that you are seeking help for?

What did you notice?

What is gradual or sudden onset?

Please make notation of any other event, action, etc. that you think may have some bearing/ relationship to your condition. Again, be as detailed as possible and do not hesitate to mention anything, no matter how small or insignificant, that you believe is related to your problem(s):

Have you ever been hospitalized?

Who else have you seen for this? (please list names and dates)

What are your preferred activities?

PRESENT TIME

Height _____

Weight _____

Quality of home life?

Do you take any medications?

Are you on a particular diet?

Do you move your bowels every day? Formed?
Color? Mucus?

Do you have Eczema/Asthma/Allergies?

How is your sleep?

How stressed are you? (On a scale from 1 – 10)

DIETARY/NUTRITIONAL HISTORY

Foods I eat: (Place a check in appropriate column)

Food					
	Daily	3 - 5 times/ week	1 - 3 times/ week	Never or almost never	Used to eat a lot but no longer does
Candy:					
Cookies:					
Caffeine (soda, tea, etc.):					
Chocolate:					
Milk: Whole:					
2 % :					
1 % :					
Skim:					
Cheese:					
Ice Cream:					
Salty Foods:					
Meat:					
Pasta:					
Bread: White:					
Wheat:					
Other:					

DIETARY/NUTRITIONAL HISTORY (Continued)
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DAY 1

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

DAY 2

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

DAY 3

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:
