

# TrueHEALTH CLINIC

Healing & Natural Medicine for a Better Life

PRELIMINARY ASSESSMENT

PATIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ OCCUPATION \_\_\_\_\_

PHONES: CELL \_\_\_\_\_ HOME \_\_\_\_\_ WORK \_\_\_\_\_

ADDRESS \_\_\_\_\_

PERSON FINANCIALLY RESPONSIBLE \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT US? PHONEBOOK, FRIEND, RELATIVE, CO-WORKER, NEWSPAPER \_\_\_\_\_

HEALTH PROBLEMS WANTING TO DISCUSS: \_\_\_\_\_

WHEN DID THE PROBLEM BEGIN? \_\_\_\_\_

WHAT DO YOU THINK MIGHT HAVE CAUSED IT? \_\_\_\_\_

DIAGNOSIS GIVEN \_\_\_\_\_

WHAT PRESCRIPTION MEDICATIONS AND SUPPLEMENTS ARE YOU TAKING? \_\_\_\_\_

HAVE THE ABOVE PROBLEMS IMPROVED WITH THE MEDICAL CARE RECEIVED? \_\_\_\_\_

HOW HAVE YOUR PROBLEMS AFFECTED YOUR ABILITY TO WORK, REST AND ENJOY LIFE? \_\_\_\_\_

IS THERE ANY OTHER AREA OF YOUR HEALTH YOU ARE CONCERNED ABOUT? \_\_\_\_\_

IS HAVING GOOD HEALTH ONE OF YOUR PRIORITIES IN LIFE? \_\_\_\_\_

DO YOU CONSIDER YOUR HEALTH TO BE AS GOOD AS IT COULD BE? \_\_\_\_\_

*In order to promote the regenerative and healing forces of the body we must treat both the disease and it's underlying causes. The process of healing may require time, change, and commitment.*

WHAT KIND OF RESULTS WOULD YOU LIKE? CIRCLE \_\_\_\_\_ FAIR \_\_\_\_\_ GOOD \_\_\_\_\_ OUTSTANDING \_\_\_\_\_

PATIENT NAME

DATE

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PROBLEMS TO BE TREATED AND PREVENTION PLAN:

CARE RECOMMENDED TO REACH YOUR GOALS:

*The Doctor has carefully explained my proposed course of treatment and answered any questions that I have asked in a satisfactory manner. He also gave me an estimate of how much it would cost and how long it would take to treat my health problems.*

*I agree to start the course of treatment as specified above under the care of Dr. Martin E. Manrique. I reserve the right to stop treatment at any time and for any reason. I have been informed of the importance of completing the course of treatment in order to have the best chance of getting optimal results. I am aware the practice of Medicine is not an exact science and that the results or outcomes of any treatment or procedure are largely dependent on my participation and follow-through. **I am eager to get started.***

PATIENT SIGNATURE

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PATIENT NAME \_\_\_\_\_

DATE \_\_\_\_\_

CHECK CURRENT CONDITIONS. CIRCLE FORMER CONDITIONS. State duration, frequency, intensity and pain in the space beside current symptoms.

**GENERAL SYMPTOMS**

- \_\_\_\_\_ Tremors
- \_\_\_\_\_ Headache
- \_\_\_\_\_ Fever
- \_\_\_\_\_ Sweats
- \_\_\_\_\_ Fainting
- \_\_\_\_\_ Dizziness
- \_\_\_\_\_ Convulsions
- \_\_\_\_\_ Loss of sleep
- \_\_\_\_\_ Fatigue
- \_\_\_\_\_ Nervousness
- \_\_\_\_\_ Depression
- \_\_\_\_\_ Loss of weight
- \_\_\_\_\_ Forgetfulness
- \_\_\_\_\_ Numbness or pain in arms, hands, feet  
elbows, shoulders, hips, legs, knees
- \_\_\_\_\_ Confusion
- \_\_\_\_\_ Paralysis

**EYES, EARS, NOSE & THROAT**

- \_\_\_\_\_ Failing vision
- \_\_\_\_\_ Near sightedness
- \_\_\_\_\_ Eye pain
- \_\_\_\_\_ Eye strain
- \_\_\_\_\_ Cross eyed
- \_\_\_\_\_ Eye inflammation
- \_\_\_\_\_ Glaucoma
- \_\_\_\_\_ Deafness
- \_\_\_\_\_ Earache
- \_\_\_\_\_ Loss of hearing
- \_\_\_\_\_ Ear discharge
- \_\_\_\_\_ Ear noises
- \_\_\_\_\_ Nose bleeds
- \_\_\_\_\_ Nasal obstruction
- \_\_\_\_\_ Nasal drainage
- \_\_\_\_\_ Loss of smell
- \_\_\_\_\_ Sinus infection
- \_\_\_\_\_ Hay fever
- \_\_\_\_\_ Allergies
- \_\_\_\_\_ Sore throat
- \_\_\_\_\_ Hoarseness
- \_\_\_\_\_ Difficult speech
- \_\_\_\_\_ Difficult swallowing
- \_\_\_\_\_ Loss of taste
- \_\_\_\_\_ Change in tastes
- \_\_\_\_\_ Dental decay
- \_\_\_\_\_ Gum troubles
- \_\_\_\_\_ Tonsillitis
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Frequent colds
- \_\_\_\_\_ Enlarged thyroid
- \_\_\_\_\_ Enlarged glands

**SKIN**

- \_\_\_\_\_ Skin Eruptions
- \_\_\_\_\_ Clammy skin
- \_\_\_\_\_ Dryness
- \_\_\_\_\_ Bruises easily
- \_\_\_\_\_ Boils
- \_\_\_\_\_ Rashes
- \_\_\_\_\_ Sensitive skin
- \_\_\_\_\_ Hives or allergy

**RESPIRATORY**

- \_\_\_\_\_ Chronic cough
- \_\_\_\_\_ Spitting up phlegm
- \_\_\_\_\_ Spitting up blood
- \_\_\_\_\_ Chest pain
- \_\_\_\_\_ Difficult breathing
- \_\_\_\_\_ Wheezing

**CARDIO-VASCULAR**

- \_\_\_\_\_ Rapid beating heart
- \_\_\_\_\_ Slow beating heart
- \_\_\_\_\_ Irregular beating heart
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ Low blood pressure
- \_\_\_\_\_ Pain over heart
- \_\_\_\_\_ Previous heart stroke
- \_\_\_\_\_ Hardening of arteries
- \_\_\_\_\_ Swelling of ankles
- \_\_\_\_\_ Poor circulation
- \_\_\_\_\_ Paralytic stroke
- \_\_\_\_\_ Varicose veins

**MUSCLE AND JOINT**

- \_\_\_\_\_ Stiff neck
- \_\_\_\_\_ Pain between shoulders
- \_\_\_\_\_ Backache
- \_\_\_\_\_ Painful tail bone
- \_\_\_\_\_ Foot trouble
- \_\_\_\_\_ Hernia
- \_\_\_\_\_ Spinal curvature
- \_\_\_\_\_ Faulty posture
- \_\_\_\_\_ Swollen joints
- \_\_\_\_\_ Stiff joints
- \_\_\_\_\_ Painful joints
- \_\_\_\_\_ Arthritis
- \_\_\_\_\_ Sore muscles
- \_\_\_\_\_ Weak muscles
- \_\_\_\_\_ Walking problems
- \_\_\_\_\_ Sciatica

**GENITOURINARY**

- \_\_\_\_\_ Frequent urination
- \_\_\_\_\_ Scanty urine
- \_\_\_\_\_ Painful urination
- \_\_\_\_\_ Blood in urine
- \_\_\_\_\_ Puss in urine
- \_\_\_\_\_ Kidney infection or stones

- \_\_\_\_\_ Bed wetting
- \_\_\_\_\_ Inability to control urine
- \_\_\_\_\_ Prostate trouble
- \_\_\_\_\_ Bladder trouble
- \_\_\_\_\_ Foul smelling urine
- \_\_\_\_\_ Discolored urine

**GASTROINTESTINAL**

- \_\_\_\_\_ Poor appetite
- \_\_\_\_\_ Excessive hunger
- \_\_\_\_\_ Difficult chewing
- \_\_\_\_\_ Belching or gas
- \_\_\_\_\_ Nausea
- \_\_\_\_\_ Gas
- \_\_\_\_\_ Vomiting
- \_\_\_\_\_ Vomiting of blood
- \_\_\_\_\_ Pain over stomach
- \_\_\_\_\_ Distention of abdomen
- \_\_\_\_\_ Constipation
- \_\_\_\_\_ Diarrhea
- \_\_\_\_\_ Black stool
- \_\_\_\_\_ Blood in stool
- \_\_\_\_\_ Colon trouble
- \_\_\_\_\_ Hemorrhoids (Piles)
- \_\_\_\_\_ Intestinal worms
- \_\_\_\_\_ Liver trouble
- \_\_\_\_\_ Gall bladder trouble
- \_\_\_\_\_ Jaundice
- \_\_\_\_\_ Weight trouble

**FEMALE**

- \_\_\_\_\_ Painful menstrual periods
- \_\_\_\_\_ Excessive flow
- \_\_\_\_\_ Hot flashes
- \_\_\_\_\_ Irregular cycle
- \_\_\_\_\_ Cramps or backache
- \_\_\_\_\_ Previous miscarriage
- \_\_\_\_\_ Vaginal discharge
- \_\_\_\_\_ Vaginal pain
- \_\_\_\_\_ Congested breast
- \_\_\_\_\_ Breast pain
- \_\_\_\_\_ Lumps in breast
- \_\_\_\_\_ Menopausal symptoms
- \_\_\_\_\_ Abnormal bleeding
- \_\_\_\_\_ Reduced sexual energy
- \_\_\_\_\_ Pregnancy
- \_\_\_\_\_ Pregnancy complications

**MALE**

- \_\_\_\_\_ Pain associated with genitals
- \_\_\_\_\_ Reduced sexual energies
- \_\_\_\_\_ Premature ejaculation
- \_\_\_\_\_ Seminal emission
- \_\_\_\_\_ Impotence
- \_\_\_\_\_ Discharges