Vibrant Health of Colorado

Name _____ Appointment Date_____

Date of Birth _____ Age_____ Occupation _____

Spouse/Significant Other Name _____

Children's Names _____

Preferred Pharmacy _____

Pharmacy Phone Number_____ Pharmacy Fax Number _____

**Please list name and major cross streets if you do not know the exact address of your pharmacy*

Reason For Appointment	
List Medical/Surgical History and Hospitalizations	Year

List All Medications (Including Over the Counter)
List All Allergies ☐ None Known

Habits (current and history)			Details
Smoking/MMJ use			
Alcohol			
Caffeine			
Exercise			
Hobbies			
Illicit Drugs			

Over →

Family History	Living Y / N	Name	Age	List Family Member Medical Problems
Mother				
Father				
Brother/Sister #1				
Brother/Sister #2				
Brother/Sister #3				
Brother/Sister #4				
Brother/Sister #5				