



# DR LORI PUSKAR

Nutritional Medicine Specialist

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## NEW PATIENT INFORMATION FORM

Please print clearly:

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone \_\_\_\_\_ Please Circle (mobile/home/work/other)

Secondary Phone \_\_\_\_\_ Please Circle (mobile /home/work/other)

E-mail address: \_\_\_\_\_ Social Security (last 4 digits only) #: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: M/F Height \_\_\_\_\_ Weight \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Please list your Health Symptoms/Problems/Concerns/Complaints: (in priority order)

- |    |     |
|----|-----|
| 1. | 6.  |
| 2. | 7.  |
| 3. | 8.  |
| 4. | 9.  |
| 5. | 10. |

What would be the personal benefit(s) to having the above Health Situations handled?

What Level of Help from Dr. Lori Puskar are you interested in?

1. Symptomatic Improvement Program
2. Complete Healing Rebuilding of Organs Program
3. Full Restoration to Optimum Health Program

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Current medications/drugs being taken: (use back of sheet if needed)

Are you currently under the care of a physician or other health care professionals? (If yes, please give name/date of last visit):

List any major illnesses, diagnoses, accidents, or surgeries (with approx. dates):

Marital Status: S M D W Name of Significant Other \_\_\_\_\_

Describe their health:

Number of children, if any:

Name of Child	Age	Gender	Any health situations/concerns?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What can we do to make you happier?

If we were to do media promotions, which source would you most likely to see them? (circle all that apply)

- Facebook Instagram Text Email  
 Bulletin Boards Mailed Letters Mailed Postcards Other \_\_\_\_\_

What are the best days and times for you to have an appointment? (Please circle all that apply)  
(circle all days that are best) (circle all times that are best)

Monday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Tuesday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Wednesday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Thursday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Friday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Saturday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm
Sunday	8am 9am 10am 11am 12pm 1pm 2pm 3pm 4pm 5pm 6pm 7pm 8pm

All of the above is true to the best of my knowledge:

Print (Patient Name) Patient Sign (Parent/Guardian, if under 18) Date