

Dear Valued Patient,

Thank you for choosing the UNM Center for Life (CFL) for your healthcare needs. We're committed to providing you excellent care!

## About Us:

- Center for Life uses a variety of ancient and modern treatment methods. Our practitioners make use of all appropriate conventional and complementary therapeutic approaches, healthcare professionals and disciplines to achieve optimal health and healing.
- Doctors throughout the UNM health system refer to us for:
  - o Common problems like:
    - Anxiety & Muscle Tension
    - Stomach Discomfort
    - Headaches and Migraines
  - o Serious or Chronic diseases like:
    - Chronic Pain
    - Hypertension
    - Diabetes
    - Cancer Support
- Why patient's choose Center for Life:
  - o Patients consistently rank us in the top 10% on the leading national patient satisfaction survey, Press-Ganey.
  - o Our medical doctors (MD), acupuncturists, chiropractor, and massage therapists all use UNM's electronic health record to coordinate your care with doctors throughout UNM.
  - o Center for Life providers care about the time you wait for them. Because we care, we're ready for you when you arrive and rarely run more than a few minutes behind schedule. **To get the most out of your Center for Life visit, please have your health form completed before your visit.**
  - o Exceptional care in a healing environment.

Your time is valuable. Thank you for taking the time to share this important health

Are you a veteran?	Yes	No
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Would you like to receive information about Center for Life classes & events?	No	Yes	Email Address:
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Who has recommended our practice to you? Name(s): \_\_\_\_\_

**Provider History:**

1. Primary Care Provider: (The provider you see for routine healthcare needs.)  
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Please list any **Allergies** or sensitivities you have to 1) Medication; 2) Food; and/or 3) the Environment (e.g. pollen, animals, molds, etc.).

to this allergen? (e.g. itching,

1.  
2.  
3.

General Health:

- How would you rate your general health?
- How would you rate your health as a child?

Fair    Ok    Good    Great

1. Rashes
2. Itching
3. Oozing

4. Pimples/Acne
5. Dry skin/scalp
6. Change in hair

7. Change in skin

8. Other: \_\_\_\_\_

Head/Eyes/Ears/Nose/Throat: (P 13 es04.2 (rt)49.4 (k749.4e 10/)1.c/Th es04.2 a(k74.2 ny (k749.4ymo)41J0 013 )(e)-65 (a-6.

Area #	Current Pain Rating (0-low to 10-high)
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6. Medication #3:

0	1	2	3	4	5	6	7	8	9	10
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