

**ATLAS DRUG AND NUTRITION CENTER**

*"a neighborhood tradition for over 70 years"  
corner of 85<sup>th</sup> and Kennedy Blvd*



**New Client Information**

**Please print clearly**

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

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Home Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone:( ) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone:( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Easiest place to reach you: \_\_\_\_\_ May we leave a message? Y/N

**Referred by:** \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Current Complaints (reason you are here): \_\_\_\_\_

\_\_\_\_\_

Current medications/drugs being taken with dosages: \_\_\_\_\_

\_\_\_\_\_

Are you currently under the care of a physician or other health care professionals? If yes, please give name: \_\_\_\_\_

\_\_\_\_\_

Are you currently taking vitamins, herbs or nutritional supplements? If yes, please list:

\_\_\_\_\_

Personal Habits: Do you use the following and if so, how much?

\_\_\_\_\_

Cigarettes \_\_\_\_\_ Coffee \_\_\_\_\_ Alcohol \_\_\_\_\_  
Soda \_\_\_\_\_ Sugar \_\_\_\_\_ Non prescription drugs \_\_\_\_\_

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**HEALTH HISTORY:**

List any major illnesses, injuries, surgeries (with approx. dates):

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Any major scars or body piercings (please list): \_\_\_\_\_

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# of pregnancies: \_\_\_\_\_ Are you currently pregnant: Y/N

Marital status (please circle): Single, Married, Divorced, Widowed

Name of Spouse or Partner: \_\_\_\_\_

Describe health of Spouse or Partner: \_\_\_\_\_

# of Children: \_\_\_\_\_ Any concerns or health issues (if so, please list):

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Any family history of serious illnesses (circle those which apply): Cancer / Diabetes /  
Heart / Stroke / Other: \_\_\_\_\_

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Any household pets or other animals you or family members are in close contact with:

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How can we help you? \_\_\_\_\_

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**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_