

COMPLEMENTARY AND ALTERNATIVE CARE HISTORY



Patient Information

Full Name: _____ Male Female
Last *First*

Medication and Treatment:

Medication from other countries? Yes No

Biochemical

- Rx: _____
- OTC: _____
- Herbs: _____
- Vitamins: _____
- Supplements: _____

Lifestyle

- Diet: _____
- Exercise: _____
- Mind-Body Therapies: _____

Biomechanical

- Massage: _____
- Chiropractic: _____
- Surgery: _____

Bioenergetic

- Acupuncture
- Healing touch
- Prayer
- Homeopathy
- Use of nonlicensed healers (e.g. curandero)