**Restorative Health Care, P.C.**
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# Patient Profile Sheet

**Patient Name:** ______________________________

**Address:** ______________________________

**City:** ____________________ **State:** ________ **Zip:** ____________

**Please circle best number to reach you at:**

**Phone:** ____________________ **Work Phone:** ____________________

**Cell Phone:** ____________________ **Email Address:** ____________________

**SS#:** ____________________ **Date of Birth:** ____________________

**Sex:** ☐ Male ☐ Female **Marital Status**: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

**Occupation:** ______________________________

**Employer:** ____________________ **Employer Phone:** ____________________

**Nearest Relative:** ____________________ **Phone:** ____________________

**Referred by:** ______________________________

**Have you sought care for a health condition in the past year?** ☐ yes ☐ no

**If yes, what condition?** ______________________________

**When did your symptoms appear?** ______________________________

**Is this condition getting progressively worse?** ☐ yes ☐ no ☐ unknown

**List any doctors you have seen for your present condition:** ____________________

______________________________

**What treatment was administered?** ______________________________

______________________________

**List any medications you are currently taking:**

______________________________

______________________________

______________________________