



Michael A. Gruttadauria, DC, DACAN

Board Certified Chiropractic Neurologist

<https://www.theoptimumu.com/>

516-231-4402

fax: 516-430-7142

Skype: FutureDoc.1

Huntington Office

**700 New York Avenue, Top Floor
Huntington, NY 11743**

Merrick Office

**1991 Smith St, Suite 200
Merrick, NY 11566**

Please complete this paperwork and bring it with you to our first appointment, or fax it back to us at the number above.

Please take the time to go through the paperwork enclosed and complete it to the best of your ability. Your responses will help us to help you.

PERSONAL INFORMATION				
Name: First:		Last:		Middle Initial:
Address: Street:			City:	
State:	Zip:	-	Phone: ()	—
Work Phone: ()			Cell : ()	
Email :			Fax: ()	
Birth date: Month:		Day:	Year:	Sex (Circle One): Male/Female
Physician's Name:				
City:		State:	Zip:	Phone #: ()
How did you find this practice?				
Occupation:				
Please list your top 3 health concerns:				
1.				
2.				
3.				

When did you first notice the issues that you are seeking help for?

What did you notice?

What it gradual or sudden onset?

Please make notation of any other event, action, etc. that you think may have some bearing/ relationship to your condition. Again, be as detailed as possible and do not hesitate to mention anything, no matter how small or insignificant, that you believe is related to your problem(s):

Have you ever been hospitalized?

No

Who else have you seen for this? (please list names and dates)

What are your preferred activities?

DIETARY/NUTRITIONAL HISTORY

Foods I eat: (Place a check in appropriate column)

Food					
	Daily	3 - 5 times/ week	1 - 3 times/ week	Never or almost never	Used to eat a lot but no longer does
Candy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cookies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caffeine (soda, tea, etc.):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chocolate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk: Whole:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 % :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 % :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skim:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice Cream:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salty Foods:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pasta:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bread: White:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wheat:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIETARY/NUTRITIONAL HISTORY (Continued)

DAY 1

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

DAY 2

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner:

DAY 3

Breakfast:

Morning snack(s):

Lunch:

Afternoon snack(s):

Dinner: