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PATIENT INFORMATION

TODAYS DATE		
NAME (LAST, FIRST, MIDDL.	E INITIAL)	HOME PHONE
ADDRESS		WORK PHONE
CITY	STATE	ZIP CODE
OCCUPATION		BIRTH DATE
EMPLOYER		
REFERRAL SOURCE?		
INSU	URANCE	INFORMATION
PRIMARY INSURANCE COM	PANY	PHONE NUMBER
ID NUMBER		GROUP NUMBER
ADDRESS		CITY/STATE/ZIP CODE
POLICY HOLDER RELATION Patient name	ON TO PATIENT	DATE OF BIRTH, Date

Chief complaints

Please describe all major problems/illnesses in detail:

Medical History

Please check any of the following which apply to you, and the approximate date of onset:

What is your blood type?(put don't know if that is true)_

Measles	Gallbladder disease	Heart murmur
German Measles	Jaundice	Heart disease
Cramps	Colitis	Cancer
Chicken pox	Hemorrhoids	High blood
_		pressure
Whooping cough	Liver	Phlebitis
	disease/hepatitis	
Scarlet fever	Stomach ulcers	Stroke
Rheumatic fever	Prostatitis	Diabetes
TB	Kidney stones	Migraine
		headaches
Mononucleosis	Kidney infections	Frequent
		antibiodic use
Herpes	Urinary tract	Skin disease
	infections	
Arthritis	Sexually transmitted	Psoriasis
	disease	
Bursitis/sciatica	Cataracts	Asthma
Chronic back	Glaucoma	Hay fever
problem		
Bone or joint	Thyroid disease	Sinus infections
disease		
Epilepsy	Gout	Eczema
Blood transfusion	Depression	Hives
Appendicitis	Nervous breakdown	Attempted suicide
Anemia	Substance abuse	Eating disorder

Describe w	hat exerci	ise you da	o and 1	row ofte	en
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HOSPITALIZATIONS

	DATES	Please describe all hospitalizations in detail:	
1.			
2.			
3.			
4.			

MEDICAL CONDITIONS

Please check any of the following that apply to you, and the approximate date of onset.

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SORE TONGUE	RASHES	CONSTIPATION HOW MANY BOWEL MOVEMENTS DO YOU HAVE?	TREMORS
ITCHING	DIFFICULTY SWALLOWING	BLOOD IN STOOL	NUMBNESS
MOLE CHANGES	DRY MOUTH	MUCUS IN STOOL	SHOOTING PAIN
EASY BRUISING	DIFFICULTY CHEWING	TARRY STOOLS	WEIGHT CHANGE
CHANGE IN HAIR	STRANGE TASTE/SMELL	CLAY COLORED STOOLS	NIGHT SWEATS
CHANGE IN SKIN DRY?	LOSS OF TASTE/SMELL	HEART BURN	FATIGUE IF SO, WHEN DO YOU FEEL TIRED?
DANDRUFF	SORE THROAT	BELCHING	BONE PAIN
POOR CONCENTRATION	CANKER SORES	NAUSEA	POOR MEMORY
CHANGE IN VISION	ENLARGED GLANDS	PAINFUL URINATION	INSOMNIA DO YOU AWAKE AT NITE? DO YOU FEEL RESTED?
POOR NIGHT VISION	HEART PALPITAIONS	FREQUENT URINATION	MOOD SWINGS
DRY EYES	RACING HEART	BLOOD IN URINE	DEPRESSION
DIZZINESS	SHORTNESS OF BREATH	DISCHARGE FROM PENIS	HOT FLASHES
SEIZURES	LEG PAIN/CRAMPS	TOUGH STARTING URINE	PMS?
FAINTING SPELLS	VARICOSE VEINS	DRIBBLING	ALWAYS HOT ALWAYS COLD
HEARING LOSS	ANKLE SWELLING	INCONTINENCE	ALWAYS THIRSTY HOW MUCH WATER DO YOU DRINK
RINGING IN EARS	TROUBLE WALKING?	ERECTILE DYSFUNCTION?	VOICE CHANGE
EAR DISCHARGE	CHRONIC COUGH	DECREASED SEX DRIVE	CHANGED APPETITE
FREQ. NOSE BLEEDS	WHEEZING	SEXUAL DIFFICULTIES	DRINK COFFEE
FREQUENT COLDS	COUGH UP BLOOD	JOIN STIFFNESS WHEN?	CRAVE SWEETS
CHRONIC SNEEZING	GAS	JOINT PAIN	TOBACCO
SINUS INFECTION	BLOATING	JOINT SWELLING	EMOTIONAL CONSTITUTION
BLEEDING GUMS	VOMITING	BACK PAIN	DRINK ALCOHOL
DENTAL PROBLEMS	DIARRHEA	MUSCLE WEAKNESS	OTHER DRUGS
DO YOU FEEL RESTED IN THE AM?	CHEST PAIN	LYMPH GLANDS SWOLLEN?	ANXIETY?
ALWAYS STUFFED UP?	HAVE YOU HAD CHILDREN?{WOMEN}	HOW MANY FILLINGS DO YOU HAVE? TYPE?	FEARS?

BAD HABITS? DO YOU HAVE ANY BAD HABITS I SHOULD KNOW ABOUT?

DO YOU HAVE ANY GOOD HABITS I SHOULD KNOW ABOUT?

WOMAN MENSTRUAL HISTORY? PLEASE COMMENT
-
<u> </u>
PREVIOUSLY DIAGNOSED PLEASE DESCRIBE ALL PREVIOUSLY DIAGNOSED CONDITIONS OR DISEASES IN DETAIL
ALLERGIES PLEASE DESCRIBE ALL ALLERGIES (FOOD, MEDICATION, OTHER):

Family History: List issues with grandparents parents siblings:

Current medications and/or DIETARY supplements Please list name and dose:

DIET: List a few examples of what a typical breakfast, Lunch and supper would be??
MIND
Name the top 5 Negative emotional states or bad habits you'd like me to help you with: ie; I'm Angry, impatient, procrastinates, shy, low self esteem, fearful, manipulative, weak willed, overwhelmed, addicted, outgoing, holds grudges etc etcLIST THEM
1
2
3
4
5

Constitutional quiz

Select the answer that fits closest.

1. P	Physique
	I am taller (or shorter) than average and thin with a rather under-developed sique.
	I am average in height with a moderately developed physique.
	I am thick, large, broad, with a well-developed physique.
2. V	Veight
	I am thin, my bones tend to be prominent (knuckles, elbows, knees, facial nes, etc.) .
	I am of moderate weight with a slight tendency toward overweight I am heavy and easily tend towards overweight or obesity.
3. F	lair en
	My hair is two or more of these: dry, kinky, curly, coarse, black, dark brown My hair is two or more of these: Red, light brown, blond, soft, fine, prone to mature gray or balding.
0	My hair is two or more of these: Thick, oily, wavy, medium to dark brown.
4. E	Eyes
0	Small, dry, brown and I tend to blink alot. Sharp, penetrating, green, blue, or gray, with reddish or yellowish sclerae Large, attractive, charming, with white sclerae, brown or deep blue
5. E	Eyebrows
0	Thin, not bushy, dry, and firm to touch. Medium in all respects. Thick, bushy, oily, soft.
6. E	Bowel Movements
0	Hard, dry, accompanied by gas, tendency towards constipation Regular, tends towards loose and soft or diarrhea, abundant, Regular, large, oily
7. L	Jrine Jrine Trine Tri
0	Small amounts very frequently throughout the day.

	Abundant, deep yellow, occasionally slightly burning Moderate, concentrated
	Appetite
huı	Unpredictable and erratic; I sometimes am not hungry at mealtimes and very ngry between meals Sharp, acutely aware of mealtimes, dislikes delaying meals, enjoys and can
dig	est large quantities of food Constant, can miss a meal comfortably, feels best with smaller quantities of
9. l	Disease Pattern
	Fatigue, nervous system, insomnia, weakness, dryness Fevers, inflammations, ulcers, skin conditions Congestion, respiratory conditions, benign growths, obesity
10.	. Speech
0	I tend to talk alot and show enthusiasm in my speech by nature Argumentative, precise, convincing, sharp, direct speech Slow, sometimes monotonous, low-pitched, rhythmic speech
11.	. Social
0	More often than not I am insecure and nervous in new social situations I am outgoing and usually assertive and accessible around people I usually do more listening than speaking in new situations, but people are racted to me nonetheless.
12.	. Gait
	I usually walk quicker than most people with short light steps Stable, purposeful pace at moderate speed Slow, unhurried, and graceful strides
13.	. Voice
0	Low volume, hoarse, vibrato, cracking, not really deep or resonant Sharp, loud, captures attention Pleasant, deep, harmonious, deep, resonant
_	. Temperament
0	nervous, changeable, never seems to be content. always seems to be struggling, achieving; highly self-motivated. Usually happy, slow to desire or see the need for change.
15.	. Sleep
	Often light or interrupted, insomnia, 5-7 hours per night

	Sound, 6-8 hours per night
	Deep, uninterrupted, difficulty waking
	. Concentration
	Easily distracted
	Rarely distracted, intensely engaged
	Moderate levels of concentration
17.	. Will Power
	Weak, I often start out very determined but later give in.
•	Moderate, I am very self-critical when I fail to follow through
0	Strong, if I make a decision I stay with it.
18.	. Emotional Reaction to Stress
	Fearful, anxious and worried
	Anger, aggressiveness, irritability, demanding, uncompromising
	Complacent, steady, calmly seeks solutions, may become depressed
	. Mental Tendency
0	Questions everything, theorizes as to the cause of events, creative
	Discriminating, judging, suspicious
_	Logical, stable, reasonable, slow to evaluate
	. Forgiveness
0	I forgive and forget easily and often.
	It takes me a very long time to forgive; I tend to hold grudges.
	I understand that people make mistakes; it rarely upsets me.
	. Love
0	I fall in and out love easily
	I have had relatively few but intensely passionate love affairs.
	I feel I am hungry for love and affection; longterm relationships.
	. Sex Drive
0	Frequent desire, low stamina
	Moderate desire, dominating, passionate
	Cyclical, sometimes insatiable, excellent stamina
	. Hygiene
0	Very clean and neat, intolerant of sloppiness, uncleanness
	Moderately clean, but secondary to other concerns
	Can be dirty and sloppy for periods of time
	Financial Behavior

	Spends impulsively, spends on trifles, feels poor Spends moderately, enjoys luxuries, gourmet meals
	Frugal, saves money, spends freely on food, entertainment
_	Disease Tendency
los	Nervous system, pain, mental instability, arthritis, fatigue, weakness, hearing s
	Febrile illness, inflammations, infections, skin disorders, heart disease, ulcer ease, hemorrhoids, alcoholism
0	Respiratory diseases (bronchitis, asthma), obesity, high cholesterol, sinusitis
26.	Pulse
0	Rapid, thready, light, Bounding, strong, superficial Slow, broad, strong
	How quickly you pick up new information
0	Very quickly, usually first time Quite quickly
	More slowly, preferred to review the material several times
	Describing your digestion
0	Quite easily upset, tendency for bloating and gas Virtually never a problem, can eat nearly anything without discomfort Digestion is slow, stomach tends to feel heavy long after meals
	Weather types in which you feel especially uncomfortable
0	Cold Hot Cold and damp
	describing your sleep pattern
0	Sound sleeper, needed 6-8 hours Deep sleep, need more than eight hours
	Describing your stools
0	Hard and dry Loose
	Well formed
_	Describing how you feel when you run into a problem or difficulty
	Worried, anxious, mind moving back and forth

Tendency to feel irritated or angryCalm, stable and clear
(Office/notes)