

**Kohala Integrated Health Services INC.**  
**Dr. Michaela Martin N.D. LAc**  
Naturopathic Physician & Licensed Acupuncturist  
65-1267 Kawaihae Rd.  
Kamuela, HI 96743  
(808)-887-2020  
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Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Fax \_\_\_\_\_

Date of Birth \_\_\_\_\_ Female: \_\_\_\_\_ Male: \_\_\_\_\_

Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_

Hours per a week \_\_\_\_\_ Employer \_\_\_\_\_

Next of kin or other to reach in an emergency \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance Information:**

Company Name: \_\_\_\_\_

ID number: \_\_\_\_\_

Group number: \_\_\_\_\_

Name of insured party: \_\_\_\_\_

## Health Overview

Name of current general practitioner? \_\_\_\_\_

When was your last visit to your GP? \_\_\_\_\_

Are you seeing any specialist?      YES      NO

If yes, for what reason? \_\_\_\_\_

Name of specialist? \_\_\_\_\_

What is the main reason for your visit today? \_\_\_\_\_

\_\_\_\_\_

What are your most important health problems? List as many as you can in order of importance:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

Referred by? \_\_\_\_\_