

**ASTRID PUJARI, MD**

7500 212<sup>th</sup> St. SW, Ste. 204  
Edmonds, WA 98026

P: (206) 344-8053  
F: (206) 344-7112

**New Client Information**

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Employer Information**

Employer Name: \_\_\_\_\_ Emp. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_ Authorized to share info? \_\_\_\_\_

**Primary Care Physician**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic name: \_\_\_\_\_ Referred by: \_\_\_\_\_

**History**

Are you a smoker? \_\_\_\_\_ If so, how much? \_\_\_\_\_ How much alcohol per week? \_\_\_\_\_

Predominant exercise type? \_\_\_\_\_ How often? \_\_\_\_\_

**Dietary History**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

Water: \_\_\_\_\_

Caffeine: \_\_\_\_\_

Other fluids? \_\_\_\_\_

# time out to eat/week? \_\_\_\_\_ What do you eat when out? \_\_\_\_\_

# of veggies? \_\_\_\_\_ Which fruit/veggies? \_\_\_\_\_

**Other**

I enjoy: \_\_\_\_\_

Are you a spiritual person? \_\_\_\_\_ How? \_\_\_\_\_

Do you have a significant other? \_\_\_\_\_

**Goals/Concerns**