



801 SW 16th St. Suite 121
Renton, WA 98057
Phone (425) 264-0059
Fax (425) 264-0071
Medical Director Jonathan V. Wright, MD

Patient Name: _____ Date: _____

This is to confirm my appointment on: _____ at: _____

Physician: _____

Welcome to the Tahoma Clinic! We are honored that you have chosen us to help in your search for optimum health. This is your New Patient Information Packet. **Please read, fill out and sign the attached forms** and bring them with you to your appointment unless you have been instructed to send them in prior to your appointment.

If you wish to cancel or reschedule your appointment, please notify our office **48 hours** or more before your appointment. **If you choose to cancel your appointment entirely, we will collect a \$50.00 Charge.** It is our office policy to confirm appointments by phone **two days** before your appointment. If you have an answering machine or voice mail, a message will be left. In some cases the doctor may request fasting lab tests, so we ask that you have no food **8 hours** prior to your appointment, if your appointment is before 1:00pm. If your appointment is scheduled after 1:00 and your doctor determines a fasting test is necessary for you, the test will need to be rescheduled at a later date. **Please do not fast, if you have diabetes, hypoglycemia or simply cannot do so.** If you have any questions please call our office at (425) 264-0059. We look forward to meeting you!

Many of our patients are sensitive to environmental substances, therefore we ask all patients to refrain from wearing scented hairsprays, colognes, perfumes, aftershaves, etc. on the days you are here.



TAHOMA CLINIC

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Case History

Date _____

Name _____ Birthdate _____ Male Female
Last First MI

Address _____
Street City State/Prov. Zip/Postal code

Telephone: Home/Cell () _____

Is it okay to leave a **DETAILED** message at this number? Yes No

Work () _____ Email _____

Fax () _____

Employed by _____ Occupation _____

Referred by (Please Circle):

- 1. Internet
- 2. Friends and Family Members
- 3. Yellow Pages
- 4. Drive by
- 5. Other _____

Emergency contact _____
Name Telephone Address

Primary Care Physician _____
Name Telephone Address

List the main problems that you are having, or reason for this appointment:

- 1. _____
- 2. _____
- 3. _____

Please attach additional page if necessary

Past Medical History:

Major Illnesses:

Accidents or major trauma (Scars –Please give location)

Hospitalizations/Surgeries/Emergency visits – please give month/year if possible:

Dental Procedures (root canals, etc.)

Current Prescription Medications (names and doses)

Allergies and Sensitivities: Foods, environmental, etc.–Ever tested? Copies of reports?

Occupational Exposures:

Vaccinations:

- () DPT (Diphtheria, Pertussis, Tetanus) Year(s) _____
- () Booster (Usually DT) Year(s) _____
- () Polio injection () Polio oral Year(s) _____
- () MMR (Measles, Mumps, Rubella) Year(s) _____
- () HBV (Hepatitis B Vaccine) Year(s) _____
- () Other (Flu shots, etc.) Year(s) _____

Women:

Last Pap _____ First day of last menstrual period _____
 Marital history: Years married _____ # of children _____ Ages _____
 No. of Pregnancies _____ Deliveries _____ complications _____
 Last Mammogram _____ Last Thermogram _____

Men:

Last prostate exam _____ Last PSA result _____ Date _____

Lifestyle factors (Please fill in the approximate amounts):

	Never	Occasionally	Weekly	Daily
Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exercise Activities

	Never	Minutes	Hours	Weekly	Daily
Swim	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Run	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Bike	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Garden	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Ski	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Weights	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Other _____

Diet Log

Please write down what you eat and drink for a week! This includes juice, coffee, alcohol. If you're attempting to follow any particular diet, please indicate that in the space below the table, IE Swank diet, Atkins.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							

Family Medical History

Please give age, lists of any illness, or if deceased.
If deceased, list cause of death and age of death.

Mother:

Father:

Brothers and Sisters:

Mother's Parents:

Father's Parents:

Children:

Possible Illnesses In Alphabetical Order:

Allergies
Asthma
Bleeding Tendency
Cancer, Type
Crohn's Disease
Diabetes-Age at Onset
Drug Abuse
Epilepsy
Gall Bladder
Glaucoma
Heart Disease-Type
Hearing Loss
Hypoglycemia
Kidney Disease
Liver Disease-Type
Lupus
Mental Illness- Type
Multiple Sclerosis
Rheumatoid Arthritis
Thyroid Disease
Tuberculosis
Skin Disease-Type
Other Conditions

Basal Body Temperature Chart

Your body temperature gives an indication of your body's metabolism (the rate in which each cell in the body converts food into energy). A low temperature indicates a sluggish metabolism or "hypo-metabolism".

Most of the time, low body temperature occurs because the body cannot maintain a normal temperature even though the body thermostat may call for more heat. A number of conditions can be responsible: Low thyroid function, a deficiency of vitamins, minerals and calories or chronic allergies may contribute to the cause.

Thyroid blood tests are helpful, but they do not always give the information needed for treatment. Most infections and even cancer can elevate basal body temperatures. A normal reading does not rule out a sluggish metabolism.

This is an easily performed procedure which you can do at home and which may help an overall management of health. It is up to you to do it right. Please do not use an electric blanket as the body temperature can be artificially elevated. A digital thermometer does not go low enough and turns off too soon for this test. You must use a "shake-down" type of thermometer. The basal body temperature can indicate improvement or lack of progression in a treatment. Follow your temperature as an index of how well you are doing.

Five Simple Steps

1. Obtain a thermometer to record your body temperature. Thoroughly shake down the thermometer to 96 degrees and place it on your bedside table before retiring to bed. To remain in basal state, you should avoid any unnecessary movements when taking your temperature. It should be easily reached with minimum effort in the A.M.
2. Take your temperature first thing in the a.m. upon awakening. The temperature is taken by placing the thermometer snugly in the armpit. It must be kept there for at least 10 min. Please watch the clock to make sure it is a full 10 minutes.
3. Repeat this procedure daily for at least 15 days. As there may be some daily variation, it is best to get a series of readings for more accuracy.
4. Enter each day's temperature on the graph provided by placing a dot on the appropriate spot. Join the dots to make a curve. Make extra sheets to continue the graph if you wish.
5. Enter comments on the graph to indicate days of menstruation if applicable. An example might be M1 for the first day, M2 for the second etc. Other notable events may be listed.

In women, particularly, there may be a variation in temperature during different phases of the menstrual cycle. It is ordinarily slightly higher at mid-cycle during ovulation, (10-13 days prior to an expected period). Reading obtained 2nd, 3rd, and 4th day of a menstrual period would most reveal a sub-normal basal body temperature.

If accurately measured, basal body temperatures, which consistently run below 97.8 degrees are highly suggestive of a hypo metabolic state. The normal range is 97.8 to 98.2. Temperatures that vary widely from day to day are indicative of need for thyroid as general rule. This is helpful once treatment is started since dosage is best titrated to the individual to keep it within that range. If it goes over that range and is not due to other causes, a reduction in dosage may be indicated.

