

North Star Naturopathic Medicine

The Medical Practice of Dr. Christina Caselli, ND – Mount Shasta, California

Patient Information

Name	DOB	Gender: M _____ F _____ Non-Binary: _____ Trans: _____ Preferred Pronouns: _____
	Email	
	Would you like to be on our email list: Y _____ N _____	
Address	Home Phone	
	Mobile Phone	

Emergency Contact

Name	Relationship to you	Phone
Preferred way to receive correspondence and messages: Mobile Phone _____ Home Phone _____ E-mail _____		

Is it okay to receive text and/or email appointment reminders: Y _____ N _____

How did you hear about us? _____

Do you have health insurance? Yes _____ No _____

Do you have a Primary Care Provider? Yes _____ No _____

Please list other health care providers you are currently working with:

Name	Specialty
1.	
2.	
3.	

Current Health Concerns

Please list by order of importance to you. (Attach another list if necessary)	How long has this been a problem?	Have you sought diagnosis or treatment for this issue before? If yes, please describe:
1.		
2.		
3.		

Phone: 530-925-3221
Fax: 1-888-974-1834

Info@NorthStarMedicine.com
www.NorthstarMedicine.com

1180 S Mt Shasta Blvd, Unit B
Mt. Shasta, CA 96067

North Star Naturopathic Medicine

The Medical Practice of Dr. Christina Caselli, ND – Mount Shasta, California

Drug Allergies

Any known medication allergies? Yes _____ No _____

If Yes, which medications:

What allergic reaction symptoms do you experience?

Past Medical History

Please list any hospitalizations and any major past illnesses or injuries (e.g., broken bones, surgeries, etc.):

Prescribed medications and over the counter medications – attach a separate list if necessary

Medication Name	Dose	When started?	Why?
1.			
2.			
3.			
4.			
5.			

Supplements – please list all vitamins/botanicals, etc.

Please include vendor if the product is a proprietary blend/combo product – attach a separate list if necessary.

Product name	Dose	When started?	Why?
1.			
2.			
3.			
4.			
5.			

North Star Naturopathic Medicine

The Medical Practice of Dr. Christina Caselli, ND – Mount Shasta, California

Personal & Family Diagnosed Health Conditions	YES	Who? Indicate self or a specific family member	Notes:
ADD/ADHD	<input type="checkbox"/>		
Alcohol/Drug Addiction	<input type="checkbox"/>		
Anemia	<input type="checkbox"/>		
Alzheimer's/Dementia	<input type="checkbox"/>		
Arthritis (Osteo or Rheumatoid?)	<input type="checkbox"/>		
Asthma	<input type="checkbox"/>		
Autoimmune Diseases	<input type="checkbox"/>		
Blood Disorder	<input type="checkbox"/>		
Cancer	<input type="checkbox"/>		What kind? Age diagnosed?
Cardiovascular Disease	<input type="checkbox"/>		
Depression	<input type="checkbox"/>		
Diabetes Type 2	<input type="checkbox"/>		
Diverticulosis	<input type="checkbox"/>		
Eating Disorder	<input type="checkbox"/>		
Eczema	<input type="checkbox"/>		
Epilepsy/Seizure Disorder	<input type="checkbox"/>		
Fibromyalgia	<input type="checkbox"/>		
Gallstones/Gall Bladder Disease	<input type="checkbox"/>		
Gout	<input type="checkbox"/>		
High Cholesterol	<input type="checkbox"/>		
HIV/Aids	<input type="checkbox"/>		
Hypertension	<input type="checkbox"/>		
Inflammatory Bowel Disease	<input type="checkbox"/>		
Kidney Disease	<input type="checkbox"/>		
Learning Disability	<input type="checkbox"/>		
Liver Disease - If Yes, specify:	<input type="checkbox"/>		
Mental illness – If Yes, specify:	<input type="checkbox"/>		
Neurologic disorder	<input type="checkbox"/>		
Osteopenia/Osteoporosis	<input type="checkbox"/>		
Stomach or Duodenal Ulcers	<input type="checkbox"/>		
Stroke	<input type="checkbox"/>		
Thyroid Disease	<input type="checkbox"/>		
Other:	<input type="checkbox"/>		

Phone: 530-925-3221
Fax: 1-888-974-1834

Info@NorthStarMedicine.com
www.NorthstarMedicine.com

1180 S Mt Shasta Blvd, Unit B
Mt. Shasta, CA 96067