Dempster
Natural Health

Dr Margaret Dempster, D.A.C.B.N
1129 Wheaton Oaks Ct., Suite B Wheaton, IL 60187
Phone: (630) 588-9300

Today's Date: _____

PATIENT INFORMATION

Patient Name:
First)_____(MiddleInitial)_____(Last)_____
LegalGuardian:_____
StreetAddress:_____
City:_____ State:_____
Zip:_____
Work Number:_____ Home Number:_____ Cell Number:_____
Sex: Male ☐ Female ☐
Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐
Age:_____ Birthday:_____
Employment Status: Full Time ☐ Part Time ☐ Retired ☐ Not Employed ☐
Student Status: Full Time ☐ Part Time ☐ Non-student ☐
Email Address:_____

EMPLOYMENT INFORMATION

Patient Employed By:_____
Business Address:_____
City:_____ State:_____
Zip:_____
Occupation:_____

SPOUSE INFORMATION

Spouse Name:_____
Birthday:_____
Spouses Employer and Business Address:_____
City:_____ State:_____
Zip:_____
Occupation:_____ Business Phone:_____

CONDITION INFORMATION

Is your condition related to your employment? (current or previous) No ☐ Yes ☐ Don't Know ☐
Date of Accident:_____
Is your condition related to an automobile accident? No ☐ Yes ☐ If yes, in which state?
_____
Date of Accident:_____
Have you been involved in an automobile accident in the past three years? No ☐ Yes ☐
Date of Accident:_____
Other type of accident? No ☐ Yes ☐
Please describe:_____
_____
Date of Accident:_____

MISC INFORMATION

In case of an emergency, who should we notify?_____

Phone Number:_____ Relationship to Patient:_____

Please list other doctors you have seen in the past 5 years

1._____

City/State:_____

Reason for seeing:_____

2._____

City/State:_____

Reason for seeing:_____

Whom may we thank for referring you?_____