

# Sarah McAllister, ND

Children's Naturopathic Centre, 4444 SW Corbett Avenue, Portland OR 97239

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## PHYSICIAN HISTORY

Patient name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Who is your child's Primary Care Physician? \_\_\_\_\_

Other doctors or healthcare professionals involved in your child's care: (Use back of sheet if necessary)

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Preferred lab: \_\_\_\_\_

Preferred pharmacy: \_\_\_\_\_

This space for Doctor's use: