MICHAEL J. HUGHES, D.C.
610 W. MICHIGAN AVE.
JACKSON, MI. 49201
(517) 784-9101

New Patient Introduction Form

Patient Name: **Date:**

1. **Chief Concerns:**

2. **Medications and/or Nutritional Supplements currently on:**

3. **Dietary Intake for 2 days before appointment: / <u>NO CAFFEINE FOR 6 HOURS PRIOR TO TEST.</u>**

Breakfast:	**Breakfast:**
Snacks:	**Snacks:**
Lunch:	**Lunch:**
Snacks:	**Snacks:**
Dinner:	**Dinner:**
Snacks:	**Snacks:**