

# Client History & Information

(All information is confidential)

## General Questions

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) Gender: M / F

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI (office use): \_\_\_\_\_

Occupation: \_\_\_\_\_ Hobbies: \_\_\_\_\_

What are your major concerns: \_\_\_\_\_

\_\_\_\_\_

Were you recommended to see a Nutritionist or Dietician by a Doctor? Yes / No

If so, for what reasons: \_\_\_\_\_

Has there been an experience where your health “has never been the same” since? Explain: \_\_\_\_\_

\_\_\_\_\_

Are you taking any vitamins or other supplements? Yes / No If yes, describe: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications or drugs, including ‘over-the-counter’ ones? Yes / No

If yes, list: \_\_\_\_\_

Please list any illnesses with which you have been diagnosed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently undergoing any treatments? (Radiation, chiropractor, massage, etc.) Yes / No

Explain: \_\_\_\_\_

Do you smoke? Yes / No

Have you ever smoked? Yes / No

If yes, how long have you smoked for: \_\_\_\_\_ If you quit, when: \_\_\_\_\_

Would you like to quit? Yes / No

Do you have mercury amalgam fillings? Yes / No How many: \_\_\_\_\_

Have you had recent antibiotic treatments (with in the last 2 years)? Yes / No

When, for what, and how long: \_\_\_\_\_

Have you ever had Candida or yeast infections? Yes / No / Unsure

Do you get colds or flues often (more than once per year)? Yes / No

Do you exercise regularly? Yes / No      Times per week: \_\_\_\_\_      Duration: \_\_\_\_\_

Have you ever been on a cleanse or fast? Yes / No Describe: \_\_\_\_\_

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**Dietary Questions:**

Are you (circle one): Omnivore (eat meat)      Ovolacto-vegetarian (milk/eggs)      Complete Vegetarian

Do you have any known allergies (food, environmental, etc.) List: \_\_\_\_\_

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Are you on a special diet? Yes / No      For what reason: \_\_\_\_\_

What foods must be included : \_\_\_\_\_

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What foods do you avoid: \_\_\_\_\_

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Are there any foods that bother you in any way, explain: \_\_\_\_\_

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List any foods you crave: \_\_\_\_\_

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How much water do you drink per day: \_\_\_\_\_      What is the source: \_\_\_\_\_

Do you drink any of the following (circle) and write in how many 8 oz cups per day:

Coffee \_\_\_\_\_      Black or Green Tea \_\_\_\_\_      Herb Tea \_\_\_\_\_      Cows/Goat milk \_\_\_\_\_

Fruit juice \_\_\_\_\_      Soft drinks \_\_\_\_\_      Alcohol \_\_\_\_\_      Other: \_\_\_\_\_

Give a sample of your diet. Describe your 'typical meal':

MEAL	TIME	FOODS (for one meal)
Breakfast		
Lunch		
Supper		
Snacks		

**Family History:**

Do you have any family history of the following (circle and put family relationship i.e. sister, etc.):

Heart Problems: \_\_\_\_\_ Circulation Problems: \_\_\_\_\_ Diabetes: \_\_\_\_\_

Cancer: \_\_\_\_\_ What type(s) \_\_\_\_\_

Allergies: \_\_\_\_\_ What type(s): \_\_\_\_\_

Osteoporosis: \_\_\_\_\_ Depression: \_\_\_\_\_

Other major illness: \_\_\_\_\_ Describe: \_\_\_\_\_

I hereby attest to the following:

1. I am here on this and any subsequent visit, solely on my own behalf and not as an agent for any agency on a mission of investigation. I am here to learn how to be proactive in my own health.
2. I fully understand that a nutritional consultant is NOT a medical doctor and I am not here for medical diagnostic or treatment procedures. If I have any health problem, health condition, or disease, I am now being advised not to postpone or delay getting competent medical advice from a licensed doctor of medicine. I understand and agree that any services rendered by a nutritional consultant is not deigned to cure any disease, pain, deformity, injury, mental or physical condition of any kind.
3. The services performed by a nutritional consultant is at all time restricted to consultation on the subject of nutrition intended for building wellness and does not involve diagnosing, prognostication, treatment, or prescribing of remedies for treatment of disease, or for any act for which medical license is required.
4. Most doctors leave nutrition alone because they have not studied nutrition in great depth. We leave disease alone because we are not licensed to treat disease. However, we can recommend what we would do regarding diet improvements to facilitate normal physical and spiritual health. If, as a consequence, your diseases should diminish, then so much the better. In natural healing methods, the body heals itself when it is normalized and natural foods and supplements are taken in place of toxin-production substances. Our focus is to start individual back on the road to proper nutrition and other healthful habits.
5. This agreement is being signed voluntarily.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Office Use Only</b>
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