CLIENT INTAKE

www.yourhealth-simplified.com
Phone (269) 280-6010

TODAY'S DATE: _____ PHONE: _____

NAME: (please print clearly) _____

ADDRESS: _____

EMAIL: _____

BIRTH DATE: _____ MARITAL STATUS: _____ BLOOD TYPE: _____

NUMBER OF CHILDREN: _____

YOUR MAJOR COMPLAINT(S): _____

Please check whatever applies from the list below:

____ No energy:	____ Low Appetite	____ Constipation
____ Headaches:	____ High Appetite	____ Diarrhea
____ Backaches:	____ Hiatal Hernia	____ Cold Hands/Feet
____ Muscle Problems	____ Sexual Dysfunction	____ Swollen/Painful Joints
____ Bad Digestion	____ Pregnant	____ Frequently Sick
____ Heart Problems	____ Chronic Indigestion	____ Heartburn
____ High Blood Pressure	____ Allergies	____ Insomnia
____ Low Blood Pressure	____ Gas/Bloating	____ Cannot Relax
____ Depression	____ Asthma	____ Low/High Blood Sugar
____ Complexion Concerns	____ Female Concerns	____ Male Concerns

Please list what your physician has told you about your suspected condition(s): _____

_____

CURRENT MEDICATION(S)

Name:	**For What?**	**How long taking it?**
_____ -	_____ -	_____
_____ -	_____ -	_____

(continued)

- -

Level of Exercise:

Please list any herbs, vitamins, mineral or other supplements you take:

Surgeries:

Any major changes in your diet in the last four months? Y / N

If yes, please explain:

How many bowel movements do you have per day?

Any problems?:

What is your typical breakfast?

Which of the following do you do?

____Smoke How Much?

____Drink Alcohol

____Drink Soda/Pop

____Drink Coffee

Have Food Cravings: Y / N What/When?

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IMPORTANT: By signing below, I understand that the suggested nutritional program and dietary information is not intended as primary therapy for any disease or symptom. My intention is to find a good nutritional program that will assist me in changing my habit and establishing a new lifestyle in order to build good health naturally. I understand that this dietary health program in not for the diagnosis, cure, mitigation, treatment, or prevention of disease; this is an adjunctive schedule of nutrients solely provided to upgrade the quality of foods in my diet in order to supply good nutrition for supporting the physiological and biochemical processes of the human body.

I understand that the natural health consultant I am visiting is not a medical doctor and does not treat or diagnose medical conditions; that this in not a replacement for medical counseling; that if I have a medical condition, I will seek a qualified medical professional.

I understand that it is my personal decision whether or not to follow the natural health suggestions offered.

Signature Date