

CLIENT INTAKE FORM

Name _____ Date _____

Email _____ Phone _____

Age _____ Sex _____ Height _____ Weight _____ Blood Type _____

How many ounces of water do you drink a day? Tap ___ Reverse Osmosis ___ Distilled ___
Bottled filtered ___ Bottled in plastic ___ Carbon filtered ___ Other ___ Type _____

How many times a day do you eat? _____ How many Bowel Movements: daily _____ weekly _____

How would you describe your B.M. _____

How many hours do you sleep nightly? _____ Quality of sleep _____ Do you wake up? _____

How often do you exercise _____ What do you do? _____

Teeth: mercury fillings ___ root canals ___ gold caps ___ infections ___ sore gums ___

Eyes: fuzzy vision ___ floater ___ bloodshot ___ dry ___ itching ___ macular degeneration _____

night blindness ___ styes ___ tired ___ cataracts ___ glaucoma ___ retinal degeneration _____

What toxins have you been exposed to in the workplace and home _____

How often do you consume the following : Refined sugar ___ corn syrup ___ white flour ___ alcohol ___
fried foods ___ milk ___ cheese ___ pork ___ shellfish ___ Red Meat ___ Pastured red meat ___
chicken ___ Pastured chicken ___ turkey ___ Pastured turkey ___ Organic fruit ___ fruit ___ Organic
vegetables ___ vegetables ___ whole grains ___ Fish ___ coffee ___ Organic coffee ___ caffeine
drinks ___ artificial sweetener ___ what type ___ tobacco _____

STRESS, physical ___ emotional ___ family ___ workplace ___ Describe _____

Neither Back to Basics or their associates do any of the following things, either implied or intended:

1. We do not diagnose.
2. We make no attempt to cure any condition.
3. We make no claims or imply any claims that suggestions are given to cure any condition.
4. We do not claim that any supplemental material we may speak about will cure any condition or that its purpose is to treat any condition.
5. We do not prescribe or treat disease, however, we do attempt to educate you in/on dietary recommendations and exercise if it is not contradictory to the recommendations of your primary physician.

I, the undersigned client, understand the above statements. I, as the client, understand that the diet and nutrition is considered to be an inexact science and the results obtained are not always constant or predictable. I, also understand that there is no guarantee of any results and the opposite of the desired results may appear. Whether or not I participate in this procedure or program is my decision, based on my constitutional right of the Ninth Amendment. All decisions relative to my well-being and health must be made by me. I further understand that Back to Basics staff are not medical doctors and are not attempting to portray themselves nor conduct the activities of medical doctors.

IF, any representations have been made to me concerning this program or if I have any understanding about this program which representations and/or understandings are contrary to any of the above statements, I will indicate so at the bottom of this form.

Printed Name _____

Address(include city, state & zip) _____

Signature & date: _____ Birth date _____

List nutritional supplements you are currently taking, include the brand name:

What current medications, drugs, or therapies are you currently using?

List any serious illnesses or surgeries you have had and when and the Doctors name:

What are your current health concerns in order?

Are you under a medical doctor's care for your condition? _____

Doctors name: _____

Are they aware of your interest in alternative help? _____

Medical background:

Allergies to food, red dyes, chemicals, drugs, airborne, etc?

List:

Are your vaccines current? _____ Have you had any reactions to any? _____

Additional comments or helpful information, if any...