

# 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...