

## **Individual Health Information Sheet**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Address \_\_\_\_\_ Night Phone \_\_\_\_\_

City \_\_\_\_\_ Cell Phone \_\_\_\_\_

State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Reason for visit \_\_\_\_\_

Life Goals \_\_\_\_\_

How much sweaty activity weekly? \_\_\_\_\_ What type of activity? \_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_ What type? RO Tap Spring Distilled

Which meals daily eaten? Breakfast Lunch Supper How many eliminations per day? \_\_\_\_\_

How many digestive enzymes daily? \_\_\_\_\_ How many breathing exercises daily? \_\_\_\_\_

How much of the following do you consume? (example, 1D = once daily, 3M = 3 times monthly)

Soda pop \_\_\_\_\_ Coffee \_\_\_\_\_ Smoking \_\_\_\_\_ Alcoholic Bev \_\_\_\_\_

Fast food \_\_\_\_\_ Milk \_\_\_\_\_ White Flour \_\_\_\_\_ Sugar usage \_\_\_\_\_

Raw fruit \_\_\_\_\_ Meat \_\_\_\_\_ Raw Veggies \_\_\_\_\_ Whole Grains \_\_\_\_\_

What types of food do you crave? Salty Chocolate Sweets Breads Other \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

How much daily energy (1 = lowest energy level; 10 = highest energy level) do you have? \_\_\_\_\_

What surgeries have you had and when? Circle NONE if applicable. \_\_\_\_\_

How many hours of TV do you watch? Daily \_\_\_\_\_ Weekly \_\_\_\_\_

How many hours of spiritual enrichment each week? (Bible, prayer, church, etc.) \_\_\_\_\_

How many hours a week do you spend with family/friends? \_\_\_\_\_

How many hours of sleep do you get each night? \_\_\_\_\_ How many hours do you need? \_\_\_\_\_

What kind of prescription medication do you take? Circle NONE if applicable. \_\_\_\_\_

Would you like to receive our natural health newsletter? YES NO

Who referred you for your appointment today? \_\_\_\_\_

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health and this is a personal ministry and spiritual counseling.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health and do not involve the diagnosing, treatment, or prescribing of remedies for disease.

Signature \_\_\_\_\_ Date \_\_\_\_\_