Soulful Wellness, LLC Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Individual Personal Information Sheet**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_

Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact (name/relationship) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Hours of movement/exercise weekly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of activity/duration/frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of daily sunshine (*minutes/hours*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily breathing exercises (*yes or no*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you meditate?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Time of day when energy is highest \_\_\_\_\_\_\_\_\_\_ Time of day when energy is lowest\_\_\_\_\_\_\_\_\_\_\_\_\_

How many ounces of water do you drink daily? \_\_\_\_\_\_\_\_\_\_\_\_ Type of water?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which meals eaten daily? (*circle*) Breakfast Lunch Dinner Snacks & time of day \_\_\_\_\_\_\_\_\_\_

How many eliminations per day? \_\_\_\_\_\_\_\_ Color/consistency?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take digestive enzymes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How many daily? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Favorite foods \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of foods you typically consume daily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods you crave (*circle*) Salty Chocolate Sweets Bread Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Soda pop \_\_\_\_\_\_ Diet Soda \_\_\_\_\_\_ Coffee\_\_\_\_\_ Decaf coffee\_\_\_\_\_\_ Tea\_\_\_\_\_\_ Milk\_\_\_\_\_\_

Alcoholic bev\_\_\_\_\_\_ Red Wine \_\_\_\_\_\_ White Wine\_\_\_\_\_\_\_ Beer\_\_\_\_\_\_\_ Smoking\_\_\_\_\_\_

Fast Food\_\_\_\_\_ White flour\_\_\_\_\_\_ Sugar usage\_\_\_\_\_\_ Deserts\_\_\_\_\_\_\_

Red meat\_\_\_\_\_\_ Fish\_\_\_\_\_\_ Chicken/poultry\_\_\_\_\_\_ Processed/cold cuts\_\_\_\_\_\_

Raw fruit \_\_\_\_\_\_ Raw Veggies\_\_\_\_\_\_\_ Cooked Veggies\_\_\_\_\_ Whole Grains\_\_\_\_\_\_

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

Hours of screen-time daily \_\_\_\_\_\_\_\_\_\_ Time of day/duration of screen time \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week of spiritual enrichment (*prayer, church, etc*.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of “you time” each day (*meditation, naps, church, prayer, reading, study, etc*.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week you spend with family / friends \_\_\_\_ Social \_\_\_\_ Obligation \_\_\_\_ Work \_\_\_\_

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

Surgeries & dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current prescription medications & why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Antibiotic use? *yes / no* When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current over-the-counter medications & why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current supplements or vitamins & why \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health goals:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What I am willing to do, starting today, to improve my overall health & well-being \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

I acknowledge that I am here on my own free will to learn about natural health practices, lifestyle and food choices, and that I will be offered education about food, nutritional supplements, herbs and homeopathy, based on sound scientifically-supported study.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnoses 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 and/or coaching on natural health practices intended for the support and maintenance of the best possible state of natural health and do not involve the diagnosing, treatment, cure, or prescribing of remedies for disease or illness.

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

2/20