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Instructions: Please print out this form, complete it, and bring it with you to your appointment. ***You may notice that the work begins as you fill out the form.***

Personal Information

Name:		
Address:		
Phone & Email:		Email:
Date of Birth:		Referred by:
Emergency Contact		Phone:
What is the main reason for this appointment?		
What results would you like to see in your life?		
Are you committed to getting the results?		
What would your life look like if you already had the results?		

Current Medical Condition/Treatment/Diagnosis

Are you currently under the care of a physician or other health care provider?		Yes		No
If yes, please indicate the reason:				

Please list Medications/Nutrition Supplements

Drug name	Dose	Frequency	Purpose

Diet: Please describe your current eating patterns or diet that you are following

Do you experience hunger?		often		rarely
Do you eat at a slow to moderate speed?		often		rarely
Do you stop eating before you feel really full?		often		rarely
Do you enjoy the taste of the food?		often		rarely
Do you feel guilty if you overeat?		often		rarely
Do you experience food cravings?		often		rarely
Are you distracted from daily activities by thinking about food?		often		rarely
Do you turn to eating when you become frustrated, bored, etc.?		often		rarely
Do you skip meals; if so which meals are you likely to skip?				

Based on your **personal and family health history**, to the best of your knowledge are you at risk for, or experiencing any of the following?

Diabetes		Allergies		High blood pressure	
Arthritis		Digestive disorders/problems		Cholesterol abnormalities	
Heart Disease		Chronic fatigue		Other	

Physical Activity Questions

How would you rate your physical activity level?	Active	Light	Sedentary	Moderate
Do you think you get enough exercise? Yes ☐ No ☐ If not, why not?				

Sleep

On average how much sleep do you get per night?	
Is your sleep restful? please describe:	

Stress Related Questions

Are you experiencing more stress than usual?	
Do you often feel stressed or anxious?	
Do you take time for relaxation and down time?	

Spirituality

Is spirituality a part of your life?

Social

Do you have close relationships?	
Are you satisfied your social circle?	
If not, what would you like to change?	

Initial Appointment: The first 45 minutes are usually spent exploring and clarifying what results you would like to see for yourself. We will then decide where to begin and the number of sessions it may take to get those results. Please do your best to address the questions posed in this form and bring it with you.

Payment: Payment is expected at the time of service. **Checks and cash are accepted**.

Cancellations: It is important for you, the client, to recognize that when you make an appointment, I am reserving that time for just for you. If you are late, that cuts down on your time. If you miss an appointment, please understand that this is time that could have been reserved for another client. Therefore, it is necessary for me to charge for appointments where I have not been given 24-hour cancellation notice. If you do need to cancel, I appreciate as much notice as possible so that someone else who may be waiting for a cancellation can arrange to come in.

_____ _____

Your signature **Date**