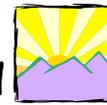


A HEALTHY HORIZON
TEACH * SUPPORT * EMPOWER
 Holistic Nutrition * Natural Health Researcher



CLIENT HISTORY FORM

Name: _____ Phone: _____
 Address: _____
 City/State _____ ZIP _____
 e-mail _____
 Birthday: _____ Height: _____ ~Current Weight: _____ Ideal Weight _____
 Occupation: _____

(NAMES Only, strength/dosing NOT needed)

Doctor & self diagnosed

Medications/Supplements	Condition/Reason		Duration

Surgeries/Procedures: (ie: gallbladder removed 5 yrs ago)	
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Allergies? Known or suspected (food/drug/environment)	
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FOOD Diary (in *general*, list the foods you have eaten in the past 3 days)

Yesterday	
Day before	
3 days ago	

Heartburn? NO * YES * Occasionally if yes or occas what would you do/take for it? _____

Cortico-Steroid (Prednisone) medications in past? No * Yes Current? No * Yes

Last Antibiotic: (approx. date/for what?) _____

Have you ever taken any of the following antibiotics to your knowledge:

Ciprofloxacin (Cipro)	Levofloxacin (Levaquin)
Gemifloxacin (Factive)	Moxifloxacin (Avelox)
Norfloxacin (Noroxin)	Ofloxacin (Floxin)

Recent Vaccines? (past year)	
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PAIN? 1) **Location** (neck, back, R knee, etc); 2) **Duration** (days/weeks/years, etc);
3) **Rate** level of pain on scale of 1-10 (**1-mild, 10-severe**)

1) Location				
2) Duration				
3) Rate 1-10				

STRESS: Rate your STRESS Level on a scale of 1-10 (**1-very low; 10 very high**)

Every DAY	3-4x a WEEK	4-6x a MONTH

Breathing: generally describe your breathing ie nasal or mouth breathing, easily out of breath, frequent yawning or sighing, snoring, do awake with a headache, dry mouth, clogged sinuses, use a CPAP, etc

Addictions? Tobacco, alcohol, drugs, soda, coffee, sugar, bread, etc. _____

Activity/Exercise: (daily/weekly) _____

Toxin Exposures? (known) _____

Alternative Therapies-past or current: (such as homeopathy, acupuncture, cranial sacral, zone, etc.)

Favorite Color/s: _____ **Favorite Food/s:** _____

Hobbies: _____ **Pets:** _____

DISCLAIMER: I am a nutritional consultant. I do NOT diagnose or prescribe. I am committed to assisting you with your health related goals. I also respect your individuality and your right to choose whatever course of action is right for YOU. Unfortunately, there is *much* controversy and confusion about what constitutes a healthy diet and what constitutes wise, health promoting medical treatment.

Signature _____ **Date** _____

I have read and understand the above disclaimer. I agree that I am ultimately responsible for my own decisions regarding health.

