

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

FOLLOW-UP CLIENT STATUS FORM

Name: _____ Date: _____

Improved? Significantly☺ * Somewhat☺ * not at all☹

Main Concerns	
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	Happy	Depressed	Anxious	Stressed	Sleeping
Yes/No					

	Sugar/Starch Cravings	Heartburn Indigestion	Bloating Abdominal Pain	Constipation	Diarrhea
Yes/No					

(NAMES Only, strength/dosing NOT needed)	Doctor & self diagnosed	
Medications/Supplements	Condition/Reason	Duration

Recent Antibiotic: (if yes- approx. date/for what?) _____

Recent Vaccines? (past year) _____

Current/Recent Alternative Therapy/Treatments (acupuncture, massage, zone, etc)

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				

FOOD Diary (in *general*, list the foods you have eaten in the past 3 days)

Yesterday	
Day before	
3 days ago	

Nutritional Ketosis? Yes-most of the time * Yes-3-5 days/week * No-never

Trying to get into ketosis? Yes * No (have decided against or just not interested at this time)

Activity/Exercise: (daily/weekly) _____

~Current Weight: _____ Ideal Weight _____

Breathing IF doing the Buteyko Method: Respiration Rate (at rest) _____/min; morning CP _____;

Snoring? _____; CPAP? _____; Yawning/Sighing (#/day) 0-3 * 4-6 * 7+

Sinuses Clear? _____; **Nose Breathing:** while sitting? _____ walking? _____ exercising? _____

ADDITIONAL NOTES:

NOTE any Changes to:

Name: _____ Phone: _____

Address: _____

City/State _____ ZIP _____

e-mail _____

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.

Dec '15

