

Client Information:

Name: _____

Address: _____

City: _____ State: _____

ZIP: _____

Phone (Work) _____ Home _____

Cell Phone: _____ E-Mail _____

Birth Date: _____ Age _____

Please do your best to fill out the following questions even if they seem trivial. They help gain better insight to your needs.

As a child did you have recurring illness?

Tell me about your childhood, where you grew up, family history, mother, dad health problems?

If I were to invite you to my home for a meal, what would you have me prepare for you? (Include the drink and dessert)

Please score the following foods from your favorite foods to your least favorite. Ten being the highest.

Beef ___ Chicken ___ Fish ___ Pork ___ Pasta ___ Fried Food ___

Vegetables ___ Dairy ___ Sweets ___ Salt ___ Olives ___

Pickles ___ Lemons ___ Chocolate ___ Fruit ___ Water ___ Alcohol ___

If you could take a vacation anywhere you would like. Would you rather visit the ocean, or the mountains? (Choose only one please)

Would you consider yourself hot or cold natured? Do you stick your feet out from under the covers at night to cool down?

Do you have a bowel movement at least once a day? Do you get up at night on a consistent basis at night to urinate? If so about how many times?

Do you have a problem with toe fungus, athletes feet, jock itch, fever blisters, or mouth ulcers?

If someone contradicts your word, how do you react? (Please check all that apply)

Anger___ Defensive___ Hurts your feelings___

Other:

If a good friend of yours did or said something unkind to you, would you dwell on it or just blow it off?

If you have a tragedy in your family do you want to be consoled or left alone to work it out?

If I were to go home with you today, what would I find?

A Neat-Nick___ A Collector___ A Pack Rat___ None of These___

Please explain:

Are you more generous with your money and belongings, or more tight fisted?

For Females Only: Are your menses regular? Are there any problems such as cramping or clotting?

For Males Only: Do you have any problems with libido, such as sex drive or obtaining or keeping an erection?

Please list your symptoms in detail:

Example 1: If you have pain what makes it worse movement or rest?

Example 2: Symptoms such as head pain. Please give as much information as possible, such as location of pain, how often it occurs, time of day it usually hurts, etc.

Example3: Emotional Pain, Do you cry for no reason, are you depressed, etc.