GENERAL INFORMATION SHEET

Name _____ DOB _____ Age ___ Sex: M ◯ F ◯ Date _____
Address _____ City _____
State/Prov. _____ Postal Code _____ Country _____
Home Phone _____ Business Phone _____
E-Mail Address_____ Height _____ Weight _____
Occupation _____ How were you referred? _____
What are your main health concerns or conditions? _____
_____
Please list any medications or food supplements you are currently taking:
_____
_____
Please list any recent medical test results you have, such as blood tests:
_____
_____
Any past surgeries and dates:
_____
_____
Please list illness in your family such as heart disease, cancer, TB, diabetes, arthritis etc.
_____

DIET: What are examples of typical breakfasts for you?	Beverages
Mid-morning Snacks:	
What are typical lunches for you?	Beverages
Mid-afternoon Snacks:	
What are typical dinners for you?	Beverages
Evening Snacks:	

How often and what kind of exercise do you do? _____
_____
About how many hours of sleep do you get per day? _____
Alcohol use: Type _____ Ounces _____ How often _____
Tobacco use: Type _____ How often _____
Recreational Drug use: Type _____How often _____

I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease. (Doctor or consultant should add other professional information.)

Signed _____ Date_____

SYMPTOMS SHEET

Name _____

CHECK boxes for any conditions or symptoms that presently describe you.
HIGHLIGHT the symptoms most important to you with the PDF highlighter in the tool bar.

- ❑ Joint Pain
- ❑ Joint Stiffness
- ❑ Arthritis, Osteo
- ❑ Arthritis, Rheumatoid
- ❑ Muscle Pain
- ❑ Muscle Weakness
- ❑ Muscle Cramps
- ❑ Bursitis
- ❑ Fractures
- ❑ Osteoporosis
- ❑ Gout

- ❑ Sweet Cravings
- ❑ Sugar Reactions
- ❑ Irritable before meals
- ❑ Can't Skip Meals
- ❑ Hypoglycemia
- ❑ Crave Starches
- ❑ Fat Carvings
- ❑ Other Food Cravings
- ❑ Food Allergies
- ❑ Excessive hunger
- ❑ No hunger
- ❑ Diabetes

- ❑ Rapid Heart Rate
- ❑ Skipped Heart Rate
- ❑ Heart Palpitations
- ❑ Heart Attack
- ❑ Poor Circulation
- ❑ Dizziness
- ❑ Low or High Blood Pressure
- ❑ Angina
- ❑ High Cholesterol _____
- ❑ High Triglycerides _____

- ❑ Cough
- ❑ Bronchitis
- ❑ Asthma
- ❑ Post-nasal Drip
- ❑ Sinus Congestion
- ❑ Allergies
- ❑ Emphysema

- ❑ Fatigue
- ❑ Hypothyroidism
- ❑ Low Body Temperature
- ❑ Cold in Winter/Dry Skin
- ❑ Tend to Gain Weight
- ❑ Hyperthyroidism
- ❑ Acne
- ❑ Eczema

- ❑ Fungal Infections/Candida
- ❑ Psoriasis
- ❑ Hives
- ❑ Hair Loss
- ❑ Slow Wound Healing
- ❑ Cataracts
- ❑ Glaucoma
- ❑ Meniere's Disease
- ❑ Tooth Decay
- ❑ Excessive Plaque on Teeth
- ❑ Gum Disease

- ❑ Infections/Viruses
- ❑ Tumors/Cancer
- ❑ Multiple Sclerosis
- ❑ Parkinson's Disease
- ❑ Scleroderma
- ❑ Fear
- ❑ Anger
- ❑ Anxiety
- ❑ Bipolar Disorder
- ❑ Brain Fog
- ❑ Confusion
- ❑ Depression
- ❑ Irritability
- ❑ Mind Races
- ❑ Mood Swings
- ❑ Obsessive/Compulsive
- ❑ Panic Attacks
- ❑ Poor Memory
- ❑ Schizophrenia
- ❑ Trouble Sleeping
- ❑ Suicidal thoughts
- ❑ Autism
- ❑ Attention Deficit
- ❑ Hyperkinesis
- ❑ Dyslexia
- ❑ Seizures
- ❑ Learning Disability
- ❑ Mental Retardation
- ❑ Delayed Development

- ❑ Bladder Infections
- ❑ Kidney Infections
- ❑ Trouble Urinating
- ❑ Frequent Urination
- ❑ Painful Urination
- ❑ Kidney Stones
- ❑ Water Retention
- ❑ Sinus Headaches
- ❑ Tension Headaches
- ❑ Migraine Headaches

- ❑ Neuritis
- ❑ Eye diseases
- ❑ Constipation
- ❑ Diarrhea
- ❑ Intestinal Gas
- ❑ Bloating
- ❑ Heartburn
- ❑ Ulcer
- ❑ Stomach Pain
- ❑ Colitis
- ❑ Gall Stones
- ❑ Fissures
- ❑ Hemorrhoids
- ❑ Cirrhosis
- ❑ Diverticulitis
- ❑ Tend to Gain Weight
- ❑ Tend to Lose Weight

- ❑ Anemia
- ❑ Easy Bruising

- ❑ Dental Amalgams
- ❑ Drug Addiction
- ❑ Alcoholism
- ❑ Smoking

WOMEN:

- ❑ Premenstrual Syndrome
- ❑ Water Retention
- ❑ Cramps
- ❑ No Menstruation
- ❑ Heavy periods
- ❑ Light/Irregular Periods
- ❑ Ovarian Cysts
- ❑ Fibroid Tumors
- ❑ Abnormal Pap Smear
- ❑ Menopause
- ❑ Fibrocystic Breasts
- ❑ Breast Tumors
- ❑ Yeast Infections
- ❑ Hot Flashes
- ❑ Currently pregnant
- ❑ Abuse
- ❑ Rape

MEN:

- ❑ Prostate Problems
- ❑ Impotence
- ❑ Infertility

- ❑ Vegetarian
- ❑ Vegan

Other Symptoms or Comments: _____