



# Wholeness and Healing

Support for the Body, Mind and Spirit

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**Reason(s) for visit: (Please list in order of importance)**

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## **Nutrition**

**Please indicate how many you eat PER WEEK:**

\_\_\_\_\_ Meat    \_\_\_\_\_ Raw Vegetables    \_\_\_\_\_ Fresh Fruit    \_\_\_\_\_ Fermented Foods

\_\_\_\_\_ Eggs    \_\_\_\_\_ Dairy    \_\_\_\_\_ Alcohol    \_\_\_\_\_ Fast Food

What do you crave? \_\_\_\_\_

Which foods do you dislike the most? Why? \_\_\_\_\_

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Do you use artificial sweeteners? \_\_\_\_\_ How much? \_\_\_\_\_

Do you eat breakfast? If so, what? \_\_\_\_\_

## **Hydration**

How many ounces of water do you drink in a day? \_\_\_\_\_ What kind? \_\_\_\_\_

Do you drink other beverages? If so, what? \_\_\_\_\_

## **Timing**

What's the first thing you do when you get up in the mornings? \_\_\_\_\_

What time do you eat your first meal? \_\_\_\_\_ Last meal? \_\_\_\_\_

What is your biggest meal of the day? What would it consist of? \_\_\_\_\_

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## Movement

Do you participate in a fun, sweaty activity? If so, what? \_\_\_\_\_

How often? \_\_\_\_\_ Do you look forward to it? \_\_\_\_\_

How do you feel when you're done? \_\_\_\_\_

## Sleep

What time do you wake up? \_\_\_\_\_ Go to bed? \_\_\_\_\_

Do you wake up during the night? If so, why? What time? \_\_\_\_\_

\_\_\_\_\_

Do you feel rested when you wake up in the mornings? \_\_\_\_\_

Do you have pain when you wake up? If so, where? \_\_\_\_\_

Does it get better when you move around? \_\_\_\_\_

## Females

Are you post-menopausal? If yes, at what age did you enter menopause? \_\_\_\_\_

What were the characteristics of your menopausal experience? \_\_\_\_\_

\_\_\_\_\_

Do you currently use Hormone Replacement (HRT) or Hormonally-based Contraception? \_\_\_\_\_

Are you now, or in the near future, planning to become pregnant? \_\_\_\_\_

Is your menstrual cycle regular? \_\_\_\_\_ How many days in the cycle? \_\_\_\_\_

Does the flow last longer or shorter than 5 days? \_\_\_\_\_

Do you have cramps or clotting? \_\_\_\_\_ Would you describe the color of your menses as more

red, more purple, or more brown? \_\_\_\_\_

Do you experience PMS, cyclical headaches, or cravings? \_\_\_\_\_



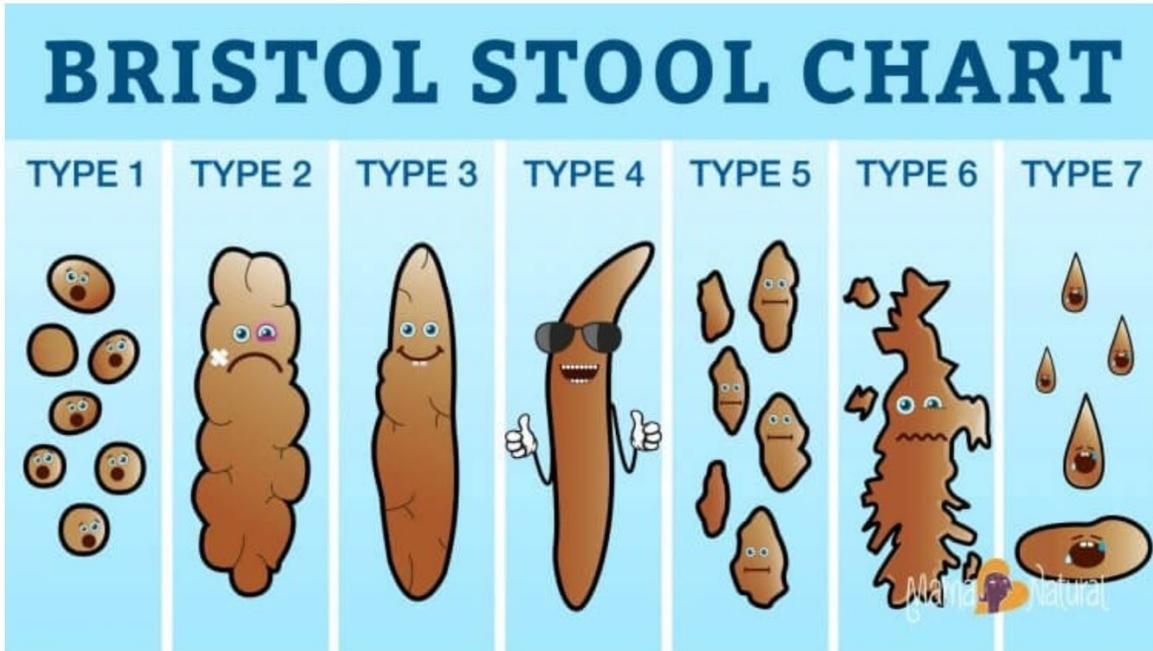
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## Elimination

How often do you have bowel movements? \_\_\_\_\_ Color? \_\_\_\_\_

Describe your elimination pattern \_\_\_\_\_



Which number best describes your typical bowel movement? \_\_\_\_\_ Color? \_\_\_\_\_

## Supplements/medications

Do you take any supplements? If so, what, how often and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you take any OTC medications routinely (such as Aleve or Aspirin)? If so what and how often? \_\_\_\_\_

Do you take prescription medications (prescribed by a licensed medical professional?) If so what and how often? \_\_\_\_\_

\_\_\_\_\_



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## Medical history

Have you had any surgeries? If so, what and when? \_\_\_\_\_

\_\_\_\_\_

Have you received any diagnoses from licensed medical professionals? If so, what and when?

\_\_\_\_\_

## Naturopathic history

Have you ever been in consultation with a naturopath? If so, why? How long ago?

\_\_\_\_\_

What was suggested? \_\_\_\_\_

Did you experience a good outcome? \_\_\_\_\_

What did you like about it? \_\_\_\_\_

What wasn't as successful for you? \_\_\_\_\_

Do you have regular adjustments with a chiropractor? \_\_\_\_\_

Do you have regular body work/massages? \_\_\_\_\_

## Please check all with which you are familiar:

\_\_\_\_ Homeopathy    \_\_\_\_ Bach Flowers/Flower Essences    \_\_\_\_ Probiotics

\_\_\_\_ Aromatherapy    \_\_\_\_ Muscle Response Testing    \_\_\_\_ Herbals    \_\_\_\_ Enzymes

I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food supplements and herbs as a guide to general good health, and this is a personal ministry and spiritual counseling. I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit, or any subsequent visit, an agent for federal, state or local agencies or on a mission of entrapment or investigation. The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature \_\_\_\_\_ Date \_\_\_\_\_