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Healthy Lifestyle Support Intake Form

Name:	Date:
Address:	Home Phone:
City, Postal Code:	Work Phone:
Email:	Cell Phone:
Birth date:	Age:
Occupation:	Referred By:
Emergency Contact Person:	Emergency Contact Phone Number:

~ What health conditions are you currently being treated for and by whom?

Have you experienced or do you experience any of the following:

Yes	No	Condition	Describe
		Arthritis	
		Backaches	
		Bad Breath	
		Brain Fog (loss of concentration)	
		Candidiasis (yeast overgrowth)	
		Constipation	
		Depression	
		Diarrhea	
		Fatigue (low energy)	
		Headaches	
		Heavy Mucus Production	
		Hemorrhoids	
		Indigestion (heart burn/acid reflux)	
		Intestinal Gas (Bloating)	

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		Irritable Bowel Syndrome (IBS)	
		Kidney/Bladder Infection	
		Parasites	
		Sinus Congestion	
		Skin Disorders	
		Spastic Colon	
		Weight Issues	
		Other	

~ Please describe your historical use of the following:

- Antibiotics:
- Birth Control:
- Chemical Laxatives:
- Tobacco:
- Coffee:
- Pharmaceutical and/or recreational drugs:

Diet and Lifestyle Information

~ Do you buy organically grown fruits and veggies? __________ Meats and Dairy? __________

~ Circle all that apply to your diet: Raw foods Eggs Dairy Meat Flour products/Bread Sugar Artificial Sweeteners

Soy Products Fried Foods Fast Foods Cookies/Sweets Junk Foods

~ Estimate your DAILY liquid intake in cups for each:

Water	Soda	Herbal Tea	Alcohol
Juice	Coffee	Black Tea	Other

~ Describe your exercise habits:

~ Describe other types of bodywork you receive:

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~ Rate the stress level in your life on a scale from 1-10 (10 being the highest): ________

- What is the main reason for your stress?

- What steps are you taking to decrease your stress levels?

~ Please circle/list all supplements you are taking:

Fiber, probiotics, enzymes, hydrochloric acid, Other:___________________

~ How do you feel about the state of your health? What about it do you want to change?

~ Rate your level of commitment to getting healthy on a scale from 1-10 (10 being the highest): _______

~ What do you hope to achieve from your healthy lifestyle support session(s) and what are you looking for support with?