

Questionnaire

Name: _____ Telephone: _____ Date: _____

Address: _____ Cell: _____

_____ Email: _____ Sex M / F

_____ How did you hear about us? _____

Date of Birth: _____ Height: _____ Weight: _____ Occupation: _____

Are you pregnant? Y / N What is your due date: _____ Do you have a pacemaker? Y / N

Are you involved in a relationship? _____ Do you like your job? Y / N

What are the ages of your children? _____ What are your hobbies? _____

Describe your daily meals to me:

Breakfast: _____ Dinner: _____

Lunch: _____ Snacks: _____

Describe your normal daily fluid intake to me:

Water: _____ Alcohol: _____

Coffee/Tea: _____ Soda: _____

Juice: _____ Other: _____

What type of water do you drink? (tap, bottle, etc.) _____

How much sleep do you get on average? _____ Is it sound? _____

Do you wake to urinate? Y / N Do you have urinary urgency? _____

Describe your normal bowel routine: _____

Describe your energy level to me: _____

Do you feel stressed? Y / N What do you do when you are stressed? _____

What causes you stress? _____

Are you currently under the care of an MD? _____

Are you currently taking any medicines, including birth control? _____

Are you currently taking any supplements? _____

Have you ever had or been diagnosed as having problems with any of the following:

- | | | |
|--------------------|---------------------------|------------------------|
| _____ Allergies | _____ Dizzy Spells | _____ Leg Cramps |
| _____ Bleeding | _____ Fluid Retention | _____ Menstrual Cramps |
| _____ Breathing | _____ Headaches | _____ Mood Swings |
| _____ Cancer | _____ Heart | _____ Nervous Tension |
| _____ Constipation | _____ High Blood Pressure | _____ PMS/Menopause |
| _____ Depression | _____ High Cholesterol | _____ Skin Problems |
| _____ Diabetes | _____ Joint Aches | _____ Throat |
| _____ Digestive | _____ Kidney | _____ Ulcers |

Do you have food cravings such as chocolate, peanut butter, breads, alcohol, sweets, or salt? _____

What is your main concern that brought you here today? _____

Is there anything you haven't told me that you think I should know? _____

