

# Client Information

First Name \_\_\_\_\_ Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Postal Code/ Zip \_\_\_\_\_ Age \_\_\_\_\_

Phone # \_\_\_\_\_ Cell/Other # \_\_\_\_\_ Fax # \_\_\_\_\_

Work # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male  Female   
MM/DD/YY

Email \_\_\_\_\_

How would you like to be contacted? When and which number? \_\_\_\_\_

Would you like to sign up for our free monthly newsletter? Yes No

.....  
Please list any prescriptions, nutritional supplements, and herbal remedies you are currently taking.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any known allergies or sensitivities to foods, medications or environmental chemicals?

\_\_\_\_\_

What levels of stress are you currently experiencing? (1= none, 5= average, 10= unbearable) \_\_\_\_\_

What are the major factors influencing your stress? \_\_\_\_\_

Describe any coping mechanisms, relaxation, hobbies, meditation, prayer and / or spiritual activity:

\_\_\_\_\_

What is your goal for this visit? \_\_\_\_\_

## Client Statement

I understand and acknowledge that the services hereby provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment, or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

Signature \_\_\_\_\_

Date \_\_\_\_\_