Herbs etc
RETAIL PRODUCTS AND SERVICES

# NEW CLIENT INFORMATION SHEET

Date: _____

Last Name: _____ First Name: _____

Street Address: _____

City:_____ State: _____ Zip: _____

Phone: (_____)_____ Email: _____

Birthdate: _____ Marital Status: _____ Number of children: _____

Major Complaint: _____

_____

Please check whatever applies from the list below:

| | | |
|---|---|---|
| _____ No energy | _____ Low Appetite | _____ Constipation |
| _____ Headaches | _____ High Appetite | _____ Diarrhea |
| _____ Backaches | _____ Hiatus Hernia | _____ Cold Hands/Feet |
| _____ Muscle Problems | _____ Sexual Dysfunction | _____ Swollen/Painful Joints |
| _____ Bad Digestion | _____ Pregnant | _____ Frequently Sick |
| _____ Heart Problems | _____ Chronic Indigestion | _____ Heartburn |
| _____ High Blood Pressure | _____ Allergies | _____ Insomnia |
| _____ Low Blood Pressure | _____ Gas/Bloating | _____ Cannot Relax |
| _____ Depression | _____ Asthma | _____ Low/High Blood Sugar |
| _____ Complexion Concerns | _____ Female Concerns | _____ Male Concerns |

Please list what your physician has told you about your suspected condition(s): _____

_____

_____

Current medication(s):

| Name | For what? | How long taking it? |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Level of Exercise: _____

Please list any herbs, vitamins, minerals, or other supplements you take: _____

_____

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Surgeries: _____

_____

_____

Any major changes in your diet in the last four months? _____ If yes, please explain: _____

_____

How many bowel movements do you have per day? _____ Any problems? _____

What is your typical breakfast? _____

Please indicate whether you:

_____ smoke How much? _____
_____ drink alcohol
_____ drink soda/pop
_____ drink coffee
_____ have food cravings What/when? _____

IMPORTANT: By signing below, I understand that the suggested nutritional program and dietary information is not intended as primary therapy for any disease or symptom. My intention is to find a good nutritional program that will assist me in changing my habits and establishing a new lifestyle in order to build good health naturally. I understand that this dietary health program is not for the diagnosis, cure, mitigation, treatment, or prevention of disease; this is an adjunctive schedule of nutrients solely provided to upgrade the quality of foods in my diet in order to supply good nutrition for supporting the physiological and biochemical processes of the human body.

I understand that the natural health consultant I am visiting is not a medical doctor and does not treat or diagnose medical conditions; that this is not a replacement for medical counseling; that if I have a medical condition, I will seek a qualified medical professional.

**I understand that it is my personal decision whether or not to follow the natural health suggestions offered.**

_____ _____

Signature Date

*Please read and sign attached Client Agreement form.*