

Health History

NAME _____ PHONE# _____ DATE _____

ADDRESS _____

E-MAIL ADDRESS _____

DATE of BIRTH _____ HEIGHT _____ WEIGHT _____ OCCUPATION _____

DO YOU LIKE YOUR JOB? _____

ARE YOU INVOLVED IN A RELATIONSHIP? _____

WHAT ARE THE AGES OF YOUR CHILDREN? _____

DESCRIBE YOUR NORMAL DAYS EATING TO ME:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

PLEASE DESCRIBE YOUR NORMAL DAYS FLUID INTAKE TO ME:

Water _____ Alcohol _____

Coffee/Tea _____ Soda _____

Juice _____ Other _____

WHAT TYPE OF WATER DO YOU DRINK? _____

HOW MUCH SLEEP DO YOU GET ON THE AVERAGE? _____

IS IT SOUND ? _____ DO YOU WAKE TO VOID ? _____ DO YOU HAVE URINARY URGENCY? _____

DESCRIBE YOUR NORMAL BOWEL ROUTINE TO ME:

DESCRIBE YOUR ENERGY LEVEL TO ME:

DO YOU FEEL STRESSED? _____

WHAT DO YOU DO WHEN YOU'RE STRESSED?

DO YOU HAVE ANY HOBBIES? _____

DO YOU CURRENTLY SEE A MEDICAL DOCTOR FOR ANY REASON? _____

SURGERIES _____

ARE YOU CURRENTLY TAKING ANY MEDICINES? (Please include birth control pills)

PLEASE LIST ANY SUPPLEMENTS YOU ARE NOW TAKING?

DID YOU TAKE THEM TODAY? _____

WHAT TYPES OF EXERCISE DO YOU DO?

DO YOU CURRENTLY HAVE PROBLEMS WITH ANY OF THE FOLLOWING:

___ ALLERGIES

___ HEADACHES

___ JOINT ACHES

___ LEG CRAMPS

___ DIZZY SPELLS

___ FLUID RETENTION

___ CONSTIPATION

___ DIGESTIVE PROBLEMS

___ SKIN PROBLEMS

___ HIGH BLOOD
PRESSURE

___ NERVOUS TENSION

___ MOOD SWINGS

___ DEPRESSION

___ DIABETES

___ HEART PROBLEMS

___ KIDNEY PROBLEMS

___ BREATHING
PROBLEMS

___ HIGH
CHOLESTEROL

___ PMS/ MENOPAUSE
CONCERNS

___ MENSTRUAL CRAMPS

DO YOU HAVE FOOD CRAVINGS SUCH AS CHOCOLATE, PEANUT BUTTER,
BREADS, ALCOHOL OR SWEETS?

WHAT IS YOUR MAIN CONCERN THAT BROUGHT YOU HERE TODAY?

IS THERE ANYTHING YOU HAVEN'T TOLD ME THAT YOU THINK I SHOULD KNOW?

HOW DID YOU LEARN ABOUT US? _____

PLEASE READ AND SIGN THE STATEMENT BELOW.

My visit is based on the belief that the body has a natural ability to heal itself, if given an appropriate internal and external environment that balances body, mind, and spirit. I understand that I am here to learn about health practices which may include nutrition, life style changes, stress reduction and relaxation techniques. Information about traditional uses of supplementation with foods and herbs that may create a healthy balance in the body may be discussed. Techniques such as Reiki may be presented. I understand that Reiki is a stress reduction and relaxation technique and, as such, may be beneficial in bringing all aspects of the body into balance.

Natural Healthcare Professionals are not medical doctors and do not diagnose conditions, nor do they prescribe substances, perform medical treatments, or interfere with the treatment of a licensed medical professional. Information presented here either verbally or in written form is for educational purposes only and is not to be interpreted as a substitute for a licensed physician's treatment. I understand that I should continue to see any medical doctors I am currently under the care of, and that I should keep them informed about all wellness practices I am pursuing. Any prescription medications I am taking should not be altered without first consulting the doctor who prescribed it.

I understand that those who counsel me are not medical doctors or practitioners and that I am here for general wellness purposes and not for medical-diagnostic purposes or medical-treatment procedures. I give my consent to receive the Reiki or other treatments discussed in this and all future sessions and agree that my presence at subsequent sessions shall be construed to be validation of this written consent.

Signature: _____ Date: _____