

BLUEZ Health - Client Health Information Sheet

Name _____ DayPhone _____

Cell phone _____ Email _____

Relief from what symptoms? _____

Health Goals _____

How much sweaty exercise weekly? _____ What type of exercise _____

How many ounces of water do you drink daily? _____

What type? RO Tap Spring Distilled Alkaline House filter Plastic water bottles

Which meals daily eaten? Breakfast Lunch Supper How many snacks? _____

How many bowel movements per day? _____

How much of the following do you consume? (example, 1D = once daily, 1W= 1 time weekly 2M = 2 times monthly)

Soda pop _____ Fast food _____ Raw fruit _____

Coffee _____ DairyMilk _____ Meat _____ Fast Food _____

Smoking _____ White Flour _____ Raw Veggies _____ Omega 3 _____

Alcoholic Bev _____ Sugar usage _____ Breads/ Grains _____

What types of food do you crave? Salty Chocolate Sweets Breads Fat

What are your favorite foods? _____

How much daily energy (1 = lowest energy level; 10 = highest energy level) do you have?

What surgeries have you had and when? Circle NONE if applicable.

How many hours of TV do you watch? Daily _____ Weekly _____

How many hours of spiritual enrichment each week? prayer, church, meditation, etc.) _____

How many hours a week do you spend with family/friends? _____

How many hours of sleep do you get each night? _____ How many hours do you need? _____

What kind of prescription medication and/or supplements do you take? Circle NONE if applicable.

Would you like to receive our natural health email newsletter? YES NO

Who referred you for your appointment today? _____

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health and this is a personal ministry and spiritual counseling. I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation. I agree to release a sample of my own blood, urine & saliva for educational and nutritional purposes. The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health and do not involve the diagnosing, treatment, or prescribing of remedies for disease.

Signature _____ Date _____