

Follow up Client Info

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Any health changes since your last visit? \_\_\_\_\_

2. Been on any antibiotics since your last visit? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, for what? \_\_\_\_\_

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3. Any changes in your vitamins, supplements, nutritional plan, or medications? \_\_\_\_\_

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4. Any concerns or comments? \_\_\_\_\_

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. 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. The services performed here are at all times restricted to consultation or 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. I hereby release a sample of my own blood, urine or saliva to be used for educational purposes in this nutritional consult.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_