

Individual Health Information Sheet

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____

DOB _____ Job or Career _____

Reason for Visit / 3 main concerns: _____

Life Goals:

How many days of exercise weekly? _____ What type of activity? _____ How many ounces of water consumed daily? _____ What type of water? _____ Which meals daily eaten? Breakfast Lunch Dinner How many eliminations per day? _____

How much of the following do you consume Daily? Soda ___ Coffee ___ Iced Tea ___ Alcohol ___ Fast Food ___ Milk ___ Juices ___ White flour ___ Sugar ___ Raw fruit ___ Meat ___ Raw Veggies ___ Whole grains ___ Poultry ___ Fish ___

What type of food do you crave? Salty /Chocolate / Sweets / Breads Other _____

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

What surgeries have you had and when? _____

Are you under a doctor's care for a specialized nutrition plan? _____

What kind of prescription medication do you take? Circle or highlight NONE if applicable

Who referred you for your appointment today? _____

I understand that I am here to learn about wellness 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 mission of entrapment or investigation.

The Services performed here are at all times restricted to consultation on wellness matters intended for the maintenance of the best possible state of natural health and do not involve diagnosing, treatment, or prescribing of remedies for disease.

Signature _____ Date _____

INFORMED CONSENT STATEMENT

I, _____ hereby attest and agree to the following:

I fully understand that Cathryn Valor is a natural health advisor/counselor who deals strictly in helping people to improve their general health and fitness through improved lifestyle, health habits, better nutritional guidance, and positive mental attitudes.

I fully understand that Cathryn Valor is not a licensed physician and cannot diagnose diseases, prescribe drugs, or recommend treatments for specific disease conditions.

I understand that all evaluations performed by Cathryn Valor, or her representatives are designed to evaluate my inherent constitution and temperament for the sole purpose of helping me to improve my general health through nutrition, habits, and attitudes. I further understand that said evaluations cannot determine specific disease conditions I may have and do not replace the diagnostic services offered by licensed physicians.

I understand that Cathryn Valor neither claims or implies that any instruction, advice, counsel, suggestions, recommendations, services, or products she or her representative provide, whether in person or by mail or telephone, will cure, treat, prevent, or mitigate any disease condition; but are provided solely for the purpose of increasing energy, supporting the natural function of body systems, and otherwise improving general health and fitness.

I certify that Cathryn Valor or her representatives have not suggested that I cease any medical care I may be currently undertaking. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Cathryn Valor or her representatives responsible for the consequences of my decisions.

I certify that I am here on this and on any subsequent visit or contact, whether by mail, telephone, or in person, solely on my own behalf and not as an agent or representative of any federal, state, county, or local government or private agency on a mission of investigation. I have read and understand the foregoing and agree to the terms, and conditions set therein.

Signature _____

Date _____

Symptoms and Areas of Concern (circle or highlight all that apply)

Aches (joint / muscle)	Circulation	Hiatal\ Hernia	Pneumonia
ADD/ADHD	Cold - Common	Hives	Polyps
Adrenal Glands	Cold - Temperature	Hormones	Pregnancy
Allergies	Colic	Hyperactive	Prostate (BPH)
Alzheimer's Disease	Colon	Hypertension	Psoriasis
Anemia	Constipation	Hyperthyroidism	Rash
Anger	Cough	Hypoglycemia	Reproductive
Anxiety	Cravings	impotence	Respiratory
Appetite	Dandruff	Incontinence	Rheumatism
Arteriosclerosis	Depression	Indigestion	Ring worm
Arthritis	Diabetes	insomnia	Scabies
Asthma	Diarrhea	Joint Pain	Seizures
Back Pain	Digestion	Kidney issues	Shingles
Bad Breath	Dizzy Spells	Kidney Stones	Sinus
Bed Wetting	Ear Infection	Laryngitis	Skin issues
Bell's Palsy	Ear Ringing	Leprosy	Snoring
Bites	Edema	Leukemia	Sore Throat
Bladder	Emphysema	Liver	Stomach issues
Blood Pressure (high / low)	Epilepsy	Lung Issues	Stress
Boils	Eyesight	Lupus	Stroke
Bones	Fatigue	Lymph Glands	Stye
Breathing	Fever	Menopause	Teething
Bronchitis	Flu	Menstrual Cramps / PMS	Tennis Elbow
Bruises	Gallstones	Migraines	Tonsilitis
Burns	Gangrene	Mononucleosis	Triglycerides
Cancer	Gas	Mucous	Tumors
Candida	Gout	Nails	Ulcers
Canker sores / Herpes	Gums	Nausea	Urinary infections
Carpel Tunnel	Hair Issues	Nerve pain	Varicose veins
Cataracts	Headaches	Nose Bleeds	Vertigo
Chest congestion	Heart Issues	Parasites	Yeast Infections
Chest Pain	Heartburn	Parkinson's Disease	Weight (under / over)
Cholesterol (high / low)	Hemorrhoids	Perspiration	Yeast Infections
			Other: _____



What is your typical Breakfast, Lunch and Dinner?

Breakfast/ Drinks

Snack/ Drinks

Lunch/ Drinks

Snack/ Drinks

Dinner/ Drinks

Snack/ Drinks

Additional Information
