



Amy Wilson BCNP, BCHNC  
(805)-272-5290  
Ojai, CA

[akwilson@nativenaturalwellness.com](mailto:akwilson@nativenaturalwellness.com)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Best) \_\_\_\_\_ Email \_\_\_\_\_

Reason(s) for visit (prioritized):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

On a scale of 1-10 how would you rate your motivation to get to the root cause of why you don't feel well?

1      2      3      4      5      6      7      8      9      10

How willing are you to make lifestyle changes to improve your health and negate contributing toxic factors?

1      2      3      4      5      6      7      8      9      10

***Nutritional Data:***

How many ounces of water/day? \_\_\_\_\_

What kind? (Arrowhead bottled, distilled, R/O, etc..) \_\_\_\_\_

What other beverages and how much? \_\_\_\_\_

Do you use artificial sweeteners? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

How often and in what? \_\_\_\_\_

Do you eat breakfast? \_\_\_\_\_ If so, what? \_\_\_\_\_

How often do you eat restaurant food? \_\_\_\_\_

How much of the following do you consume? (Example: 1D= 1/day, 2W= 2/week, 3M= 3/month)

Fruit \_\_\_\_\_ Vegetables \_\_\_\_\_ Eggs \_\_\_\_\_ Dairy \_\_\_\_\_

Fermented Food \_\_\_\_\_ Chicken \_\_\_\_\_ Fish \_\_\_\_\_ Red Meat \_\_\_\_\_

Pork \_\_\_\_\_ Fast Food \_\_\_\_\_ Meat Alternatives \_\_\_\_\_

***Nutritional Data (cont.):***

What do you crave? (sugar, salt, carbs, etc.) \_\_\_\_\_

What foods do you dislike most? Why? \_\_\_\_\_



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**Timing:**

What is the first thing you do when you get up in the morning? \_\_\_\_\_

What time do you eat your first meal? \_\_\_\_\_ Last meal? \_\_\_\_\_

Which meal is your largest of the day? \_\_\_\_\_

Describe your typical largest meal- \_\_\_\_\_

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**Movement:**

Do you exercise/move/participate in fun, sweaty activity? If so, what, and how often? \_\_\_\_\_

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Do you look forward to it? \_\_\_\_\_ Why or why not? \_\_\_\_\_

How do you feel when you are finished? \_\_\_\_\_

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**Sleep:**

What time do you go to bed? \_\_\_\_\_ How long do you sleep? \_\_\_\_\_

Do you wake often? \_\_\_\_\_

If so, why, and what time(s)? \_\_\_\_\_

Do you feel rested when you wake up for the day? \_\_\_\_\_

Do you have pain when you first get up? \_\_\_\_\_ If so, where? \_\_\_\_\_

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Does the pain go away upon moving?

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**Eliminations:**

Do you have daily bowel eliminations? \_\_\_\_\_ If yes, how many per day? \_\_\_\_\_

If no, please describe your elimination pattern- \_\_\_\_\_

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Please indicate the most descriptive number(s) of your elimination(s) using the Bristol Stool Chart provided – BSC # \_\_\_\_\_ Color \_\_\_\_\_



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***Females:***

Are you post-menopausal? \_\_\_\_\_ If yes, what age did you enter menopause? \_\_\_\_\_  
What were the characteristics of your menopausal experience? \_\_\_\_\_

Do you currently use Hormone Replacement (HRT) or Hormone based contraception? \_\_\_\_\_  
Are you now (or in the near future) planning to become pregnant? \_\_\_\_\_  
Is your menstrual cycle regular? \_\_\_\_\_ Longer than 28 days? \_\_\_\_\_ Shorter? \_\_\_\_\_  
Is your flow longer or shorter than 5 days? \_\_\_\_\_  
Do you experience cramps or clotting? \_\_\_\_\_  
Describe the color of your menses- (bright red, dark purple, brown) \_\_\_\_\_  
Do you experience PMS, cyclical headaches, or cravings? \_\_\_\_\_

***Supplements/Medications:***

Do you take any supplements? \_\_\_\_\_  
If so what, how often, and why? \_\_\_\_\_

Do you take any OTC medications routinely? (pain reliever, allergy medicine) \_\_\_\_\_  
If so, what, and how often? \_\_\_\_\_

Do you take prescription medications? (prescribed by a licensed medical professional) \_\_\_\_\_  
If so, what, and how often? \_\_\_\_\_

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_

***Medical History:***

Have you had any surgeries? \_\_\_\_\_ If so, what, and when? \_\_\_\_\_

Have you received any diagnoses from licensed medical professionals? \_\_\_\_\_  
If so, what, and when? \_\_\_\_\_

Does anyone in your family experience similar symptoms to yours? \_\_\_\_\_  
Have you or a family member been diagnosed with chronic fatigue, fibromyalgia, or multiple chemical sensitivities?            Y            N



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If so, please explain: \_\_\_\_\_

Do you or immediate family have a history with cancer? Y N

Have you ever been diagnosed with bipolar disorder, schizophrenia, or depression? Y N

Do you have a history of strokes? Y N

### **COVID-19 + Vaccines:**

- Have you had COVID? Y N

If so, has your health deteriorated since having COVID? Y N

- Have you had vaccines or been vaccinated for COVID-19 in the last 30/60/90 days? Y N

(please circle which applies)

- Are you experiencing persistent health complications and difficulty recovering post COVID?  
(feel like you're a "long-hauler") Y N

Please share anything else from your medical history that you feel may be helpful or relevant:

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### **Naturopathic History:**

Have you ever been in consultation with a Naturopath? \_\_\_\_\_

If so, date, and reason? \_\_\_\_\_

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What was suggested? \_\_\_\_\_

Did you experience a good outcome? \_\_\_\_\_

### **Naturopathic History (cont.):**

What did you like about it? \_\_\_\_\_

What wasn't as successful for you? \_\_\_\_\_

Do you have regular adjustments with a chiropractor? \_\_\_\_\_

Do you have regular body work/massages? \_\_\_\_\_



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Please check all with which you are familiar:

- |  |                                    |
|--|------------------------------------|
| ◇ Herbals                              | ◇ Muscle Response Testing          |
| ◇ Bach Flowers/Flower Essence Remedies | ◇ Foundational Health              |
| ◇ Iridology                            | ◇ Nutrition                        |
| ◇ Homeopathy                           | ◇ Probiotics                       |
| ◇ Essential Oils- Aromatherapy         | ◇ Enzymes                          |
| ◇ pH Balancing- RBTI Testing           | ◇ TCM-Traditional Chinese Medicine |

### Disclosure Agreement

I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food supplements, herbs, and various natural healing remedies-modalities to use as a guide to general good health. This is a personal ministry and services offered are based in holistic, naturopathic, and alternative health theories of counseling mind-body-spirit.

I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purpose or treatment procedures. To "doctor" natural medicine is no more than "to teach" of natural healing remedies and modalities. I am not on this visit, or any subsequent visit, an agent for federal, state, or local agencies on a mission of entrapment or investigation.

The nature of the services to be provided are not licensed by the State of California per Business and Professions Code section 2053.6., and are based on foundational health, naturopathic and alternative recommendations, and are at all times restricted to consultation on nutritional matters and utilization of natural health remedies and modalities intended for the maintenance of the best possible natural health states and stimulation of inherent healing; it does not involve diagnosis, treatments or prescribing of remedies for disease.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Please note that we cannot, by law, require disclosure of your personal medical information.*

*We request it for the purpose of making the most effective suggestions. If you opt out of disclosing this information, the practitioner in this consultation cannot be held responsible for any interactions or complications, resulting from herb/medicine interactions.*

*Please initial here \_\_\_\_\_, if you decline to provide medical, pharmaceutical, or over-the-counter information.*



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## BRISTOL STOOL CHART

TYPE 1



**Separate hard lumps**  
VERY CONSTIPATED

TYPE 2



**Lumpy and sausage like**  
SLIGHTLY CONSTIPATED

TYPE 3



**A sausage shape with cracks in the surface**  
NORMAL

TYPE 4



**Like a smooth, soft sausage or snake**  
NORMAL

TYPE 5



**Soft blobs with clear-cut edges**  
LACKING FIBER

TYPE 6



**Mushy consistency with ragged edges**  
INFLAMMATION

TYPE 7



**Liquid consistency with no solid pieces**  
INFLAMMATION AND DIARRHEA

MEDICALNEWS TODAY



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