



26 N 1st East
Green River, WY 82935
(307)-707-0203

Paperwork and Initial Appointment

Please note that we have a very busy schedule at the clinic. If your paperwork is not completed when you arrive, you may be asked to reschedule your appointment, as to not put us behind for the day. I try to be very conscientious of your time; please afford me the same courtesy. Here are some general guidelines to help us stay on track:

1. Make certain your Paperwork is completed in full. If you have questions, please feel welcome to call our office during regular business hours and get your questions answered prior to your initial visit.
2. You should have the following items completed for the initial visit:
 1. System Survey-Please read directions carefully when filling this out.
 2. Two Page Case History
 3. Permission to Perform Exam
 4. Two Day Prior to First Visit Food Log

The rest of the information and tests are conducted in the office and the time is already built in for these items.

Thank you for your attention to this,

Sweetwater Holistic Staff



NEW CLIENT INFORMATION FORM

Please print clearly:

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Shipping Address (if different) : _____

Phone: (____) - ____ - _____ **Texts ok? Y / N** **e-mail address:** _____

REFERRED BY: _____

Occupation: _____ **Employer** _____

Date of Birth: _____ **Age** _____ **Sex:** M / F **Height** _____ **Weight** _____

Overall health (circle one): Excellent / Good / Fair / Poor / Other:

Chief complaints (reason you are here):

Previous treatments for this complaint:

Current medications/drugs being taken: (use separate sheet if needed)

**Are you currently under the care of a physician or other health care professionals?
(If yes, please give name and date of last visit):**

Nutritional supplements you are taking:

Do you smoke, drink coffee or alcohol? (if yes indicate how much)

Cigarettes

Coffee

Alcohol

Do you have any food avoidances due to religious or social beliefs? (if yes, what are they?)

HISTORY:

List any major illnesses (with approx. dates):

List any surgery or operations with approx. date:

Past Accidents or injuries:

=====

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Other

Any household pets or other animals you or family members are in close contact with:

What can we do to make you happier?

SIGNED: _____ DATE: _____



Permission & Authorization Form Regarding the use of Nutritional Kinesiology

*****PLEASE READ BEFORE SIGNING*****

I specifically authorize the natural health practitioners at Sweetwater Wellness and Nutrition to perform a non-invasive health analysis using **Nutritional Kinesiology**. The purpose of this exam is to develop a natural health improvement program for me which may include dietary modifications, nutritional supplementation, natural body and system cleanses, as well as ongoing education. The purpose of which is to improve my overall health, **and not for the purpose of treatment or "cure" of any known or unknown disease.**

I understand that **Nutritional Kinesiology** is a safe, non-invasive, natural approach for analyzing the body's physical and nutritional needs as well as identify possible deficiencies or imbalances in areas that could cause or contribute to my various health concerns.

I understand that **Nutritional Kinesiology** is not a method for diagnosing or treating any known or unknown disease including conditions such as cancer, AIDS, infections or other medical conditions and that these are not being tested for or treated.

No promise or guarantee has been made regarding the results of **Nutritional Kinesiology** or any natural health, nutritional or dietary program recommended. I understand that **Nutritional Kinesiology** is a means by which the body's natural reflexes can be used to aid in determining possible nutritional imbalances, so that a safe natural program can be developed for the purpose of bringing about a more optimal state of health.

I have read and understand the foregoing.
This permission form applies to subsequent visits and consultations.

Date: _____

Print Name: _____

Phone: _____ **Signed:** _____

(If minor, Signature of Parent or Guardian Required)

Witness: _____



New Client Introduction Form

Name: _____ Date: _____

Dietary Intake For 2 Days Prior To Initial Visit:

Day 1

Day 2

Breakfast:	Breakfast:
Snack	Snack
Lunch:	Lunch:
Snack:	Snack:
Dinner:	Dinner: