CASE HISTORY FORM

Make sure all answers are in point form and concise, to the best of your ability

Name: *

Phone: * Email: *

Address: *

Which method of communication do you prefer for the consultation? *

Age: *

Gender: *

Blood Type: *

Height (*Feet & Inches*): *

Weight (*Pounds*): *

(In point form)
What is the purpose of this consultation?

Who do you live with? *

Are your relationships healthy? *

Have you been emotionally abused? *

Have you been physically abused? *

What is your occupation? *

Top 3 Goals:

Top 3 Fears:

Are you on any prescription medication? (*If Yes, please specify*) *

Have you had any orthopedic injuries?

Do you experience chronic pain?

What EMF are you exposed to daily? *

How many hours per day are you interacting with a TV, Computer or Phone? *

What junk food/treats do you indulge in? (*Alcohol*, *Cigarettes*, *Snacks*, *etc.*) *

What do you do in your spare time?

Have you been exposed to mold? *

Have you been exposed to heavy metals? *

Do you eat organic food? *

How much water do you consume on a good/bad day? *

Health History: *

Body History (Surgery, Internal pins, Artificial Joints, Injuries, Accidents): *

Stool History (Width, Length, Blood/Mucus, Frequency, Float/Sink, Soft/Hard, Complete/Incomplete: *

Dental History: *

Daily Routine: In point form, list your daily routine, step-by-step, from when you wake up until you go to bed. List what you think, eat, drink, your sleep patterns and other daily routines. *

What is in your fridge and cupboards?

What are all your bad habits and addictions? Please be honest - there's no judgement.

Include pictures of your face (from the front and side) and pictures of your body (from the front and side)

NOTES