

When and how did this condition begin? _____

Stress from 1-10 _____

Any Important Emotional issues Affecting Your Life? _____

How is your energy? _____

Describe your sleep? _____

Do you have digestive issues? _____

Do you have constipation or diarrhea? _____

General body pain? Is it constant? _____

Teeth issues? _____

Eye issues? _____

For women: Describe Your Menstrual Cycle Past and Present _____

Number of Pregnancies _____ Number of Children _____

Please List Your Prescriptions and Supplements:

What Prompted You to Seek A Natural Health Response to Your Conditions? _____
