



**Natural Path Healing**  
517-803-1920 | [TheNaturalPaths@gmail.com](mailto:TheNaturalPaths@gmail.com)  
New Client Information Sheet

Today's Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birthdate: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**Please check all that applies from the list below: P =Past: N=Now**

_____ No energy	_____ Low Appetite	_____ Constipation
_____ Headaches	_____ High Appetite	_____ Diarrhea
_____ Backaches	_____ Hiatus Hernia	_____ Cold Hands/Feet
_____ Muscle Issues	_____ Sexual Dysfunction	_____ Swollen/Painful Joints
_____ Bad Digestion	_____ Pregnant	_____ Frequently Sick
_____ Heart Problems	_____ Chronic Ingestion	_____ Heartburn
_____ High Blood Pressure	_____ Allergies	_____ Insomnia
_____ Low Blood Pressure	_____ Gas/Bloating	_____ Cannot Relax
_____ Depression	_____ Asthma	_____ Low/High Blood Sugar
_____ Complexion Concerns	_____ Female Concerns	_____ Male Concerns

Please list what your physician has told you about your suspected condition(s): \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medication(s):

Name:	For What?	How long taking it?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Level of Exercise: \_\_\_\_\_

Please list any herbs, vitamins, minerals, or other supplements you take: \_\_\_\_\_

\_\_\_\_\_

Surgeries: \_\_\_\_\_

\_\_\_\_\_

Any major changes in your diet in the last four months? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

\_\_\_\_\_

How many bowel movements do you have per day? \_\_\_\_\_ Any problems? \_\_\_\_\_

What is your typical meal? \_\_\_\_\_

\_\_\_\_\_

Which of the following do you do?

\_\_\_\_\_ Smoke How much? \_\_\_\_\_

\_\_\_\_\_ Drink Alcohol \_\_\_\_\_

\_\_\_\_\_ Drink soda/pop \_\_\_\_\_

\_\_\_\_\_ Drink Coffee \_\_\_\_\_

\_\_\_\_\_ Have food cravings What/When? \_\_\_\_\_

When was your last vaccination? Please indicate which one: \_\_\_\_\_

When was your last course of antibiotics? \_\_\_\_\_ Length of time? \_\_\_\_\_

Other Information: \_\_\_\_\_

IMPORTANT: By signing below, I understand that the suggested nutritional program and dietary information is not intended as primary therapy for any disease or symptom. My intention is to find a good nutritional program that will assist me in changing my habits and establishing a new lifestyle in order to build good health naturally. I understand that this dietary health program is not for diagnosis, cure, mitigation, treatment, or prevention of disease; this is an adjunctive schedule of nutrients solely provided to upgrade the quality of foods in my diet in order to supply good nutrition for supporting the physiological and biochemical processes of the human body.

I understand that the natural health consultant I am visiting is not a medical doctor and does not treat or diagnose medical conditions; that this is not a replacement for medical counseling; that if I have a medical condition, I will seek a qualified medical professional.

I give my permission for the above-named student to discuss this session at school for purposes of learning.

I understand that it is my personal decision whether or not to follow the natural health suggestions offered.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**