

## CLIENT INFORMATION SHEET

Any information shared with us will be held in the strictest confidence.

Date of initial learning session \_\_\_\_\_

Name:	Date:
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Address:

City:	State:	Zip:
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Day phone:	Evening phone:
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Emergency contact person name & number:

Height:	Weight:	Age:
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Marital status:	Occupation:
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Hobbies:

Regular exercise:

Medical history (please list all diseases, illnesses, surgeries, etc.):

Emotional history:

Family medical history (parents, brothers, sisters, aunts, uncles):

Important people in your life (spouse, special friends, family, etc):

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Typical day's diet:

Breakfast	
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Lunch	
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Dinner:	
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Snacks:	
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Diet History:

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Current prescription medications or any within the last 30 days:

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Current vitamin and/or herbal supplements:

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Have you taken herbal or other supplements in the past? If YES, what and were they effective?

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