



# Treasures of Health

*By Grace Galliano*  
*Doctor of Naturopathy*

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## **Health History**

Client Code: \_\_\_\_\_  
(to be entered by Staff)

Name \_\_\_\_\_ Date \_\_\_\_\_

Street / Apt \_\_\_\_\_

City / State / Zip \_\_\_\_\_

EMAIL Address \_\_\_\_\_ Phone(s) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_

Were You Referred to Us? If so, by whom? (We'd like to thank them!) \_\_\_\_\_

Please list any conditions you may be experiencing:

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How much sleep do you get on the average? \_\_\_\_\_ What time do you go to bed? \_\_\_\_\_

Do you wake during the night to urinate? ☐ Yes ☐ No How many times? \_\_\_\_\_

Do you have urinary urgency? ☐ Yes ☐ No

How many bowel movements do you have a day? \_\_\_\_\_

Do you skip days? \_\_\_\_\_ How many days do you skip? \_\_\_\_\_

How is your energy level? ☐ No energy ☐ Low ☐ Moderate ☐ High

What amount of stress do you feel? ☐ Low ☐ Moderate ☐ High ☐ Overloaded

What is causing you stress? ☐ Job ☐ Family ☐ Loss of a Loved One ☐ Finances

☐ Other \_\_\_\_\_

Are you currently being treated by a medical doctor? ☐ Yes ☐ No

List surgeries and the year:

Surgery

Year

_____	_____
_____	_____
_____	_____

Do you have your gallbladder? ☐ Yes ☐ No

List medicines, and reason why (Please include birth control pills):

Medicine	Reason for Medicine	How Long
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any nutritional or herbal supplements you are now taking:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you take medication / supplements diligently? \_\_\_\_\_

List any known or suspected food/plant/herb allergies or sensitivities:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you exercise? ☐ Yes ☐ No how often? \_\_\_\_\_

What type of exercise? \_\_\_\_\_

What do you normally drink? (check ALL boxes that apply)

Soda, what kind \_\_\_\_\_ how much? \_\_\_\_\_

Coffee: ☐ Regular ☐ Decaf ☐ Drip ☐ Espresso ☐ "Fancy" Coffee House how much? \_\_\_\_\_

Water: ☐ Tap ☐ Filtered ☐ Bottled ☐ Mineral/Electrolyte ☐ Other \_\_\_\_\_ how much? \_\_\_\_\_

Juice/Other, what kind \_\_\_\_\_ how much? \_\_\_\_\_

What foods/sweets do you crave? \_\_\_\_\_

What are your favorite foods? \_\_\_\_\_

How many times a week do you eat your cravings/favorites? \_\_\_\_\_

**WOMEN ONLY:** How many days is your menstrual cycle? \_\_\_\_\_

Describe your monthly cycle \_\_\_\_\_

What is your main concern that brought you here today? \_\_\_\_\_



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## Disclaimer

- ♦ Naturopathic Doctors (NDs) are not Medical Doctors (MDs).
- ♦ I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the doctor who prescribed it.
- ♦ I understand that I may be referred to another member of the health team to seek further care if deemed necessary.
- ♦ NDs are trained professionals who use non-invasive natural medicine, such as vitamins, minerals, herbs and dietary changes to create a healthy environment in the body.
- ♦ Your visit today is based on the belief that the body has a natural ability to heal itself if given an appropriate internal and external healing environment. Negative comments suggesting disbelief in this philosophy may result in termination of the consultation without a refund.
- ♦ Nothing said, done, typed, printed or reproduced by us is intended to diagnose, prescribe, or treat a medical condition, or take the place of a licensed physician.
- ♦ Signs of dietary or supplemental deficiency and/or physical or mental stressors may be identified today. Information about traditional uses of supplementation that may create a healthy balance in the body may be discussed. This is not intended as a substitute for a licensed physician's treatment.
- ♦ I am not on this visit or any subsequent visit acting as an agent for federal, state, county, or local agencies or news media on a mission of entrapment or investigation.
- ♦ Any "sexual" comments or jokes will result in immediate termination of the consultation without a refund.

I have read and discussed the above information and agree with it completely.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent's signature (if under 18) \_\_\_\_\_