

## CLIENT INFORMATION SHEET

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

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

Name:

Date:

Address:

City:

State:

Zip:

Day phone:

Evening phone:

Email Address:

Emergency contact person name & number:

Height:

Weight:

Age:

Marital status:

Occupation:

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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