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Name _____ Age _____ Sex: M F Date _____

Address _____

City _____ State/Prov. _____ Zip _____

Home Phone _____ Business Phone _____

E-Mail Address _____ Height _____ Weight _____

Occupation _____ How were you referred? _____

What are your main health concerns or conditions? _____

Please list any medications or food supplements you are currently taking:

Please list any recent medical tests results you have, such as blood tests:

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis. _____

DIET: What are examples of typical breakfasts for you?

Beverages

_____ | _____

_____ | _____

Mid-morning Snacks _____

What are typical lunches for you?

Beverages

_____ | _____

_____ | _____

Mid-afternoon Snacks _____

What are typical dinners for you?

Beverages

_____ | _____

_____ | _____

Evening Snacks _____

How often and what kind of exercise do you do? _____

About how many hours of sleep do you get per day? _____

I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease.

Signed _____ Date _____

Please mail your hair sample and these forms, along with payment (see my website or contact me for fees) to **1831 W. Mulberry Dr. #230, Phoenix, AZ 85015**. Be sure to include these forms and the "Member Agree" document, filled out on top and bottom and signed and dated. Thank you! You will receive your program in about two to three weeks.

CIRCLE any conditions or symptoms that presently describe you.

PLACE A STAR next to the symptoms most important to you.

- | | | |
|----------------------------|---------------------------|-------------------------|
| Joint Pain | Eczema | Sinus Headaches |
| Joint Stiffness | Fungal Infections/Candida | Tension Headaches |
| Arthritis, Osteo | Psoriasis | Migraine Headaches |
| Arthritis, Rheumatoid | Hives | Neuritis |
| Muscle Pain | Hair Loss | Eye diseases |
| Muscle Weakness | Slow Wound Healing | Constipation |
| Muscle Cramps | Cataracts | Diarrhea |
| Bursitis | Glaucoma | Intestinal Gas |
| Fractures | Meniere's Disease | Bloating |
| Osteoporosis | Tooth Decay | Heartburn |
| Gout | Excessive Plaque on Teeth | Ulcer |
| | Gum Disease | Stomach Pain |
| Sweet Cravings | | Colitis |
| Sugar Reactions | Infections/Viruses | Gall Stones |
| Irritable before meals | Tumors/Cancer | Fissures |
| Can't Skip Meals | Multiple Sclerosis | Hemorrhoids |
| Hypoglycemia | Parkinson's Disease | Cirrhosis |
| Crave Starches | Scleroderma | Diverticulitis |
| Fat Cravings | Fear | Tend to Gain Weight |
| Other Food Cravings | Anger | Tend to Lose Weight |
| Food Allergies | Anxiety | |
| Excessive hunger | Bipolar Disorder | Anemia |
| No hunger | Brain Fog | Easy Bruising |
| Diabetes | Confusion | |
| | Depression | Dental Amalgams |
| Rapid Heart Rate | Irritability | Drug Addiction |
| Skipped Heart Beats | Mind Races | Alcoholism |
| Heart Palpitations | Mood Swings | Smoking |
| Heart Attack | Obsessive/Compulsive | |
| Poor Circulation | Panic Attacks | WOMEN: |
| Dizziness | Poor Memory | Premenstrual Syndrome |
| Low or High Blood Pressure | Schizophrenia | Water Retention |
| Angina | Trouble Sleeping | Cramps |
| Arteriosclerosis | Suicidal thoughts | No Menstruation |
| High Cholesterol _____ | Autism | Heavy periods |
| High Triglycerides _____ | Attention Deficit | Light/Irregular Periods |
| | Hyperkinesis | Ovarian Cysts |
| Cough | Dyslexia | Fibroid Tumors |
| Bronchitis | Seizures | Abnormal Pap Smear |
| Asthma | Learning Disability | Menopause |
| Post-nasal Drip | Mental Retardation | Fibrocystic Breasts |
| Sinus Congestion | Delayed Development | Breast Tumors |
| Allergies | | Yeast Infections |
| Emphysema | Bladder Infections | Hot Flashes |
| | Kidney Infections | Currently pregnant |
| Fatigue | Trouble Urinating | Abuse |
| Hypothyroidism | Frequent Urination | Rape |
| Low Body Temperature | Painful Urination | |
| Cold in Winter/Dry Skin | Kidney Stones | MEN: |
| Tend to Gain Weight | Water Retention | Prostate Problems |
| Hyperthyroidism | Kidney Stones | Impotence |
| Acne | Water Retention | Infertility |

Other Symptoms or Comments: _____