

Client Health History

All information remains confidential.

Corrie Danielis, ROHP/RNCP

Holistic Nutritionist

Name _____ Date _____

Address _____

City _____ Prov/State _____ Postal/Zip _____

Phone (H) _____ (W) _____ (C) _____

Date of Birth _____ Male/Female _____

Family Physician _____

Occupation _____

Are you taking any medications? Please list. _____

Are you taking any vitamins or other food supplements? Please list. _____

Please list any illnesses with which you have been diagnosed. _____

Do you exercise? Explain. _____

What are your main health concerns? _____

Are you currently seeing other health practitioners such as chiropractor, massage therapist, reflexologist,

homeopath, naturopath, etc.? _____

Have you had any surgeries? What and when? _____

Have you had any accidents? Explain. _____

Do you have a family history of any of the following:

Heart/Circulation Problems _____ Diabetes _____

Cancer _____ Depression _____

Allergies _____ Osteoporosis _____

How many bowel movements do you have daily? _____

Do you smoke? _____ Have you ever smoked? _____ If you quit, when? _____

Do you have mercury amalgam fillings? How many? _____

Have you had any dental problems? _____

Have you had recent antibiotic treatment? When and for what? _____

Have you ever had Candida (yeast infections)? _____

Other fungal infections? _____

Do you get colds or flus often? _____

Do you have a childhood history of infections? (Ear, sinus, throat, urinary tract, kidney, etc.) _____

Have you ever been exposed to toxic environmental substances? What and when? _____

DIET

Are you on any special diet? _____

Are there any foods you feel bother you in any way? _____

List any foods you crave _____

Do you drink any of the following and if so how much per day?

Soft Drinks _____ Alcohol _____ Fruit Juices _____

Milk _____ Coffee _____ Tea _____

Water: Spring _____ Distilled _____ Reverse Osmosis _____ Well _____ Tap _____

Do you feel tired or sleepy after meals? _____ Any symptoms if you skip meals? _____

How often do you eat bread and what kind is it? _____ Pasta _____

24Hour Dietary Recall

Breakfast _____ Lunch _____

Supper _____ Snacks _____

Client Statement

I fully understand that Corrie Danielis is not a medical doctor and I am not here for medical diagnostic or treatment procedures. The services of Corrie Danielis are at all times restricted to the role of building wellness and do not involve the diagnosing or treatment of disease, or any act for which a medical authorization is required.

I understand that as a client of Corrie Danielis that I am in total charge of my healing experience and if anything should feel inappropriate or not in my best interest I will say so. I further agree to participate in building and restoring my own health.

Date _____

Signed _____

Print Name _____

Address _____

City/Town _____ Province _____

Postal Code _____ Phone _____

Email _____