Complete Wellness Journey

With Qi-5 Body Balance Scan 13 Session Program

NAME_____ PHONE #_____ DATE_____

ADDRESS_____

_____

E-Mail_____

Age _____ Sex_____ Height_____ Weight _____ Blood Type_____ Occupation_____

Do you like your job?_____ Are you generally happy with life? _____

Ages of children?_____ Are you a caregiver for anyone else? _____

DESCRIBE YOUR NORMAL DAYS EATING TO ME:

Breakfast_____

Lunch_____

Dinner_____

Snacks_____

_____

PLEASE DESCRIBE YOUR NORMAL DAYS FLUID INTAKE TO ME:

Water_____(filtered?) _____ Alcohol_____ Coffee/Tea_____

Diet Soda_____ Juice_____ Milk _____Other_____

How much sleep do you average? _____ Is it sound ?_____What time do you awaken?_____

Do you wake to void ? _____ How many times? _____Do you have urgency? _____

Describe your bowel routine to me___ X daily, ___X weekly, consistency _____ Bleeding_____Pain____

Tell me about your energy level_____

Do you feel stressed?_____ Nervous _____ What do you do when stressed?_____

How would you describe yourself emotionally?_____

_____

Dental history – fillings_____crowns_____root canals_____

other_____

Are you seeing an MD for anything? _____

_____

_____

_____

_____

Surgical history_____

_____

_____

_____

Check any of the medications you are now taking or conditions you experience

__Antacids
__Antibiotics
__Antidepressants
__Anit-Inflammatory Meds
__Laxatives
__Water Retention
__Heart Medications
__Radiation and/or Chemotherapy
__High Blood Pressure Meds
__Ulcer Medications
__Oral Contraceptives
__Thyroid
__Steroids
__Hormones

_____

_____

_____

_____

_____

List you current medications? (Please include birth control & over the counter meds) _____

_____

_____

_____

_____

_____

What supplements do you take? _____

_____

_____

_____

_____

_____Did you take them today? _____

Do you exercise regularly? _____ What type?_____

Please check any of the following that give you problems with any regularity:

Carb. Digestion	Fat Digestion	Protein Digestion	Other issues
___Airborne allergies	___Indigestion	___Moist Tendencies	___Dizzy spells
___Food allergies	___Dry, itchy skin	___Depression	___Blood pressure
___Constipation	___Tired mid-afternoon	___Kidney problems	___Bruising
___Heart weakness	___ Sigh frequently	___Menstrual concerns	___Mood swings
___Respiratory issues	___High cholesterol	___Menopause Issues	___Muscle cramps
___ Dry Tendencies	___Painful ribs, neck	___Stress incontinence	___Irritable if hungry
___ Sore throats	___Tight shoulders	___Water retention	___Numb feet/ hands
___ Starch cravings	___PMS Sore breasts	___Back problems	___Perspire easily
___Headaches	___Sore ribs after meals	___Receding gums	___Eyes light sensitive
where?_____	___ Difficult to inhale	___ TMJ sore jaws	___Ringing in ears
___Mouth sores	___Bleeding issues	___Arthritis/ joint pain	___ Do you smoke?

Do you crave foods such as salty crunchy, chocolate, peanut butter, starches, alcohol, sweets?_____

If answering "Yes" what do you crave_____

_____

_____

List other favorite foods_____

Why did you come here today? _____

_____

_____

_____

_____

What is the Most Important issue you would like to have corrected _____

_____

_____

Is there anything else I would benefit from knowing about you or your situation? _____

_____

_____

_____

_____

I understand the above information is provided for nutritional information, that the nutrition consultation, Live Cell Analysis and 13 Qi-5 Body Balancing Scan Sessions a fee of $1979. I also understand the Live Cell Analysis (i.e., Darkfield Microscopy) is a visual tool used to seek nutrition information and not used for medical diagnosis. Nutritional supplements can be purchased from Complete Nutrition Alliance at an additional cost.

The initial fee of $1979 will include 13 Qi-5 Body Balancing Scans. The Body Balance Scans can be in-person OR you can send a saliva sample to the Complete Nutrition Alliance office. Vails and shipping envelopes are supplied to clients who will be sending in saliva samples instead of coming to the office in person.
The first appointment will be 1 ½ hours in length and we will discuss a specific nutrition and supplement plan that is designed specifically for you.
Additional appointments will take between 30-45 minutes.

Payments accepted are cash, check, Visa, MasterCard and Discover.

Signature_____Date_____

Print name_____