Nutrition Evaluation Profile

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	___MoistTendencies	___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, Urinalyses kit (extra $68 fee if an iodine load is added to the kit), Sign and Symptoms report and first appointment with a follow-up appointment has a fee of $479 or $547($547 includes the extra fee for the u/a kit with the iodine load) 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 $479 or $547 will include 2 appointments. The first appointment will take around 1 ½ - 2 hours depending on the number of questions you may have. The 2nd appointment will take around 1 hour and the lab results, food and supplement suggestions will be discussed at this time.

See Office Explanation of Services and Products for follow-up appointment fees.

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

Signature_____Date_____

Print name_____