



# Naturally You

## New Client Information

PLEASE PRINT CLEARLY:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

• Main symptoms or complaints? \_\_\_\_\_

• Any pre-existing diagnosis? \_\_\_\_\_

• Are you: Diabetic? \_\_\_\_\_ If yes: **Type I** \_\_\_\_\_ **Type II** \_\_\_\_\_

• Do you currently have Cancer? \_\_\_\_\_ Are you under a doctors care? \_\_\_\_\_

**Type:** \_\_\_\_\_

• Do you currently have a major illness or disease? Yes or No \_\_\_\_\_

• Are you under a doctors care? Yes or No \_\_\_\_\_

**Type:** \_\_\_\_\_

• Any major past surgeries? **Yes or No** \_\_\_\_\_

**Type:** \_\_\_\_\_

• Past accidents or injuries? **Yes or No** \_\_\_\_\_

**Type:** \_\_\_\_\_

• Current Medications? \_\_\_\_\_

• Current Supplements? \_\_\_\_\_

• Any Food or Medical Allergies? **Yes or No** \_\_\_\_\_ **Type:** \_\_\_\_\_

• If you Smoke, Drink Coffee or Alcohol, Please indicate how much weekly:

**Smoke?** \_\_\_\_\_ **Coffee?** \_\_\_\_\_ **Alcohol?** \_\_\_\_\_

• Are you: Vegan? \_\_\_\_\_ Vegetarian? \_\_\_\_\_ Abstain from Meat for any reason? \_\_\_\_\_



• Are you currently under the care of a physician or other health care professional? **Yes or No** \_\_\_\_\_

If yes, please give name of physician and date of last visit: \_\_\_\_\_

\_\_\_\_\_

• Any family history of serious illness: **Yes or No** \_\_\_\_\_

Please list family relationship and illness: \_\_\_\_\_

\_\_\_\_\_

• Marital status: \_\_\_\_\_

• Name of spouse: \_\_\_\_\_

Health of spouse? \_\_\_\_\_

• Please list names of children and information below:

Name of Child	Sex	Age	Any physical conditions or concerns?
---------------	-----	-----	--------------------------------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
-------	-------	-------	-------

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Office use only:**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

ROF delivered by: \_\_\_\_\_ Date: \_\_\_\_\_