

Health History

Name _____ Date: _____

Email: _____ Phone: _____

Current medications and supplements:

Have you ever had any surgeries?

Any illness or antibiotic in the last one year?

What are your health concerns?

What do you believe is your biggest health struggle?

What do you believe is your biggest health strength?

What are the main health goals you would like to achieve?

Any additional info you would like to share?

Consent for blood analysis:

I understand the microscope operator is not a medical doctor and will not diagnose, prescribe, treat or make any claims to cure. I understand that I am responsible for my own health and my own choices. I hereby release a sample of my own blood to be used for educational purposes in this nutritional consult. I also consent to participate in this demonstration appt which lasts approx. 60 minutes. Please give a 24 hour notice if you need to cancel or re-schedule to avoid a \$30 charge. It is recommended to come for a follow up appt in 8-10 weeks.

Printed name: _____

Signature: _____

