



Client History Form

Name:	Date of Birth:
Age:	Blood Type:

Do you suffer from any of the following physical ailments (please select all that are applicable or add to the list by putting Y or N beside symptoms):

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| <ul style="list-style-type: none"> • Fatigue • Weight Gain/Loss • Indigestion (heartburn, gas/flatulence, bloating, burping) • Gastrointestinal Issues (IBS, Crohn's, Leaky Gut, SIBO, Dysbiosis) • Sleep Problems • Depression/Anxiety • Autoimmune Disorders • Cardiovascular Problems • Cancer | <ul style="list-style-type: none"> • Arthritis • Lyme's Disease • Menstrual/Menopause Problems • Joint Pain(s) • Headaches • Allergies • Fibromyalgia • Known Food Sensitivities – if yes, please provide details: |
|--|--|

Please list any childhood illnesses:

List any vaccinations (including the flu shot) you have had and when:

Exercise - please list the type you do and how often:

Bowel Movements per day:

Family Health History: (i.e. Mother had a stroke at 65; osteoporosis, blindness)

Mother/Maternal Grandparents	
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Father/Paternal Grandparents	
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List any of your current medications including:

Type	Amount	Duration

List any of your current vitamins or supplements:

Type	Amount	Duration

Any history of smoking? If you, how many cigarettes smoked and if you quit, how long ago?

Food Cravings – please indicate which: salty, creamy, or crunchy or other and what time of day you crave/eat them:

Please give an approximate amount of fluids you drink on a daily basis:

Water	
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Coffee	
Black or Green Tea	
Regular and/or Diet Soda	
Fruit Juice	
Alcohol	
Milk	

How many meals per week (approximately) do you?

- Eat out:
- Eat processed foods at home (i.e. frozen and/or packaged meals):
- Cook own meals:
- What types of foods do you typically like to eat:

Client Statement:

I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment or prescribing medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed voluntarily.

Sign up for *Holzono Nutrition* regular newsletter with healthy tips, recipes and ‘feel good’ stuff:

SIGNATURE:

DATE:

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