

CLIENT HEALTH RECORD

First names:		Surname:	
Address:		Home Ph:	
		Work Ph:	
Email address:		Cell Ph:	
Age:	DOB:	Referred by:	
Family MD:		Other health professional:	
Occupation:		How long in this work?	
Spouse/Partner's name:			
Children (name, age, gender):			
Siblings (name, age, gender):			
			Your place in family:
Past trauma/accidents (inc. date, age):			
Childhood and other illnesses (inc. date, age):			
Current medication:			
Current supplements:			
Food preferences (circle one) meat + 3 veg vegetarian vegan macrobiotic high protein			
wheat free gluten free dairy free other: _____			
Daily Intake: sugar: _____ coffee: _____ tea: _____ alcohol: _____ water: _____			
Interests/socializing/clubs:			
Sports:		Exercise:	
Self-development:			
Reason why you are here (inc history of current problem)			
Is there anything else I should know?			