



Client Intake Questionnaire

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This form is fillable, please complete, save; then email back to me.

Name: _____

Address: _____ City: _____

Postal Code: _____ E mail: _____

Home: # () _____ Bus: # () _____

Referred By: _____ Blood Type: A B AB O

Date of birth: _____ Age: _____ Weight: _____ Height: _____
month day year

Occupation: _____

Past experience with other practitioners (i.e. Chiropractor, Naturopath, Therapist, Homeopath, Massage)

List one to five health goals you would like to attain for yourself, in order of priority:

1. _____
2. _____
3. _____
4. _____
5. _____

"I haven't felt well since" _____

What do you believe, or suspect is the reason for your condition? _____

Recent Diagnosis: _____

Surgeries:	Date:
_____	_____
_____	_____
_____	_____

Past conditions or other health information you would like us to know with dates. Include Childhood Illnesses. Please use separate sheet or record on back of this sheet.

List any vaccinations that you have had including flu shots:	Date:
_____	_____
_____	_____
_____	_____
_____	_____

What physical trauma / accidents have you experienced?

Family Health History (Mother/Father Siblings etc...

List any medications you are taking **now or have in the past.**

Medication

Reason

How long

List any supplements you are currently taking.

Supplements

Amount

How long

Previous occupation(s)?

Do you have a high stress job or stressful relationship/situation?

What emotional trauma/events have you experienced?

What do you do to manage / relieve your stress?

What are your hobbies now and previous?

Do you use any of the following items? If so, which ones and how much? (use space below)

Cell phone Cordless phone Computer Microwave Aluminium cookware
Electric blanket Waterbed Antiperspirant Perfume/hairspray
pesticides on lawn/flowers/vegetable garden

Where have you lived?

How old is your home? Remodeling/construction/new carpets/paint?

Are there hydro lines or transformers near your home or work?

What could get in the way of your plan of action?

Please complete a 3-4-day Daily Food Record on the chart provided.

This information is provided for a nutritional assessment. I understand that the information I am seeking is of a nutritional nature and not a medical diagnosis.

Signature: _____

Date: _____