



BETTER BE HOLISTIC

Name: _____

Address: _____

Phone Number: _____

Email: _____

Height: _____

Weight: _____

Date of Birth: _____

Occupation: _____

Referred By: _____

Today's Date: _____

Describe Problem:

What treatments have you tried:

Has anything been successful?

Have you or your family experienced any major life changes recently:

With whom do you live:

Do you drink alcohol? If so, what and how many units per day/week:

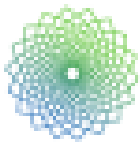
Do you smoke/vape? If so, how much?

List past medical and surgical history:

How often have you taken antibiotics:

What medications are you taking now:

Are you on a special diet? If so explain



INTEGRATIVE
HEALTH
PRACTITIONER

What is your typical daily diet:

Breakfast:

Lunch:

Dinner:

Snacks:

Drinks/Beverages:

Do you have any symptoms after eating (e.g, belching, bloating, sneezing, hives etc) If so have you ever correlated them with consuming a particular food:

Do you ever skip meals?

Do you have an aversion to certain foods:

Do you have intestinal gas?

How many bowel movements do you have per day?

Do you have any constipation or diarrhea?

How would you rate your current level of stress?

List your hobbies and recreational activities:

Do you exercise? If so, what and how often?

Do your parents and siblings have/had health issues? If so, what?

Congratulations, you are on the path to taking your first step towards health and wellness. I have read and understood everything on these pages. I acknowledge, Melanie Boniface is a natural health practitioner and does not diagnose, cure or treat any illness or disease. Further, the undersigned releases Melanie Boniface from any and all liability for any failure to identify and medical condition or disease. It is understood and agreed that this is not the purpose of her natural health services.

Client Signature:

_____ Date _____