

# Light Hand Wellness & Nutritional Intake Form

Client: \_\_\_\_\_

Date: \_\_\_\_\_

Full Name:				Best Contact Phone:			
Full Address:							
Date of Birth:							
Referred by:							
Occupation:							
Blood Type:		Height:		Weight:		Desired Weight:	
# of children:							

## Top 3 Health Goals:

- 1.
- 2.
- 3.

## Medical History:

Please list any chronic issues, major illnesses or surgeries with dates. Include any relevant family history.

Food Allergies – known or suspected	
Prescribed Medications	
Over the counter Medications	
Herbal/Nutritional Supplements	

## Food and Diet – please describe your food on an average day

Breakfast	
Lunch	
Dinner	
Snacks	
Water Intake	
Alcohol	
Caffeine	

## Health & Lifestyle

How many times do you eat out in a week?		How often is it fast food?	
How often do you cook your meals in a week?			
Amount of bowel movements per day -		Do you have:	<input type="checkbox"/> Constipation <input type="checkbox"/> Diarrhea
Stress Level (1 (no stress) - 10 (extreme stress))		Do you smoke:	<input type="checkbox"/> No <input type="checkbox"/> Yes - Amount:
Hours of average sleep per night:		Quality of sleep:	
Do you Meditate?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:		
Describe type and frequency of exercise:			
Level of motivation to get healthy	<div style="display: flex; justify-content: space-around; align-items: center;"> <span>1</span><span>2</span><span>3</span><span>4</span><span>5</span><span>6</span><span>7</span><span>8</span><span>9</span><span>10</span> </div> <div style="display: flex; justify-content: space-between;"> <span>(Spouse is making me)</span> <span>(I'm all in!)</span> </div>		

Client: \_\_\_\_\_

Date: \_\_\_\_\_

## Informed Consent

I, \_\_\_\_\_ understand that Theresa Wilkes is a *Natural Health Practitioner*. As such, Theresa can not and will not diagnose a disease, claim to cure a disease or prescribe medications. It is my responsibility to continue any current or ongoing medical treatment, therapies, and medications until otherwise advised by my physician, psychotherapist, or medical practitioner. \_\_\_\_ (*initial*)

Theresa embraces the empowerment model of Naturopaths by providing knowledge; making it possible for me to take greater *personal responsibility* and *ownership* of my health and overall well-being. \_\_\_\_ (*initial*)

I understand that Theresa will treat me as a *unique* and *whole* individual, rather than a set of symptoms, and that *together* we will embrace my health concerns in a *holistic* manner to co-create a *mind-body-spirit* wellness plan. \_\_\_\_ (*initial*)

The wellness plan that we co-create may include the following alternative choices and treatment options: detoxification, nutritional supplements, homeopathic remedies, herbal remedies, exercises, meditation, and reading and/or writing assignments. \_\_\_\_ (*initial*)

While working with Theresa, I will be presented with information and recommendations for possible lifestyle changes. This may encompass dietary changes, reducing the use of alcohol, caffeine, and artificial sweeteners. Tobacco, recreational drugs and over the counter drugs will also be addressed. The importance of increasing exercise and reducing stress will be emphasized. I further understand that *any and all* lifestyle changes I make are my *choice*. \_\_\_\_ (*initial*)

Any information about me, whether I share it with Theresa or, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may provide Theresa with permission in writing to contact my primary physician or specialist with regard to my current health concerns. \_\_\_\_ (*initial*)

I understand that Theresa may consult with the other natural health professionals on her staff pertaining to my case. This allows me to receive the benefit of the knowledge and skills of her supporting staff. I give her permission to discuss my case with these individuals within Light Hand in a confidential manner. \_\_\_\_ (*initial*)

Client Signature \_\_\_\_\_ Date \_\_\_\_\_