# SPRINGFIELD HOLISTIC RETREAT

## New Client Intake Form

Please email your completed form to sharessa@springfieldholistic.com

Date _____

First Name _____ Last Name _____

Mobile # _____ Home # _____ E-mail _____

Address _____ City _____ State _____ Zip _____

DOB _____ Marital Status _____ # Children _____ Blood type _____

What is your Major Complaint _____

Are you currently experiencing any of the following ? Check all that apply.

- ☐ No Energy
- ☐ Headaches
- ☐ Backaches
- ☐ Muscle Problems
- ☐ Bad Digestion
- ☐ Heart Problems
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Digestion
- ☐ Complexion Concerns
- ☐ Low Appetite
- ☐ High Appetite
- ☐ Hiatus Hernia
- ☐ Sexual Dysfunction
- ☐ Pregnant
- ☐ Chronic Indigestion
- ☐ Allergies
- ☐ Gas Bloating
- ☐ Asthma
- ☐ Female Concerns
- ☐ Constipation
- ☐ Diarrhea
- ☐ Cold Hands/Feet
- ☐ Swollen/Painful Joints
- ☐ Frequently Sick
- ☐ Heartburn
- ☐ Insomnia
- ☐ Low/High Blood Sugar
- ☐ Cannot relax
- ☐ Male Concerns

What is your current diagnosis or condition _____

**Current Medications**

| Name | For What | How long taking |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

What is your level of exercise ? _____

Please list any herbs , vitamins or other supplements that you are currently taking _____

Please list any surgeries _____

Any major diet changes in the last 4 months ? ☐ Yes ☐ No

If yes, please explain _____

How many bowel movements per day ? _____

What is a typical breakfast ? _____

How did you hear about us? _____

PLEASE CHECK ALL THAT APPLY

| | HOW MUCH | HOW OFTEN |
|---|---|---|
| ☐ Drink Alcohol | | |
| ☐ Drink Soda Pop | | |
| ☐ Drink Coffee | | |
| ☐ Have Food cravings | | |
| ☐ Smoke | | |

**IMPORTANT:**
By signing below, I understand that the suggested nutritional program and dietary information is not intended as primary therapy for any disease. My intention is to find a good nutritional program that will assist me in changing my habits and establishing a new lifestyle in order to build good health naturally. I understand that this dietary health program is not intended to diagnose, cure, mitigate, treat or prevent any disease. This is an adjunctive schedule of nutrients solely provided to upgrade the quality of foods in my diet in order to supply good nutrition for supporting the physiological and biochemical process of the human body.

I understand that the natural health consultant I am visiting is not a medical doctor and does not treat or diagnose medical conditions; that this is not a replacement for medical counseling; that if I have a medical condition I will seek a qualified medical professional.
I understand that it is my personal decision whether or not to follow the natural health suggestions offered.

Signature _____ Date _____