## **SPRINGFIELD HOLISTIC RETREAT**

## New Client Intake Form

Please email your completed form to sharessa@springfieldholistic.com

Name	For What		How long taking
What is your current diagnos  Current Medications	is or condition _		
Are you currently experient  No Energy Headaches Backaches Muscle Problems Bad Digestion Heart Problems High Blood Pressure Low Blood Pressure Digestion Complexion Concerns	Low Appetite Low Appetite High Appetite Hiatus Hernia Sexual Dysfur Pregnant Chronic Indig Allergies Gas Bloating Asthma	Con Diar Colo Swol Freq Insor Low,	stipation rhea d Hands/Feet llen/Painful Joints luently Sick rtburn
What is your Major Compla	:_1		
DOB Marita	l Status	# Children	Blood type
Address	City	State _	Zip
Mobile #	Home #	E-mail	
First Name	Last No	me	
Date			

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?	□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 HC	)W 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	; 		
Springfield Holistic Retreat 12300 Hickey Ave, Davisburg, MI 4835	50 T•248-369-8870		
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