



Women's Confidential Health History

Please write or print clearly.

Name:

Address:

City: _____

Zip: _____

Email address:

Telephone – Work: _____

Cell Phone _____

How often do you check email?

_____ Cell: _____

Best time to contact you _____

Date of Birth: _____

Place of Birth: _____

Relationship status:

Children: _____

Pets: _____

Occupation: _____

Age: _____

Height: _____

Current weight: _____

Weight six months ago: _____

One year ago:

If different, what do you feel is the major contributor?

Would you like your weight to be different?

Hours of work per week:

At what point in your life did you feel best?

Any serious illnesses/hospitalizations/injuries?

How is the health of your mother?

How is the health of your father?

What is your ancestry?

What blood type are you? A B AB O (list -/+)

Do you wake up at night?

How frequently?

At what Time?

Do you sleep well?

Why?

Any pain, stiffness or swelling?

Are your periods regular?

How many days is your flow?

Painful or symptomatic? Please

explain:

Reached or approaching menopause? Please explain:

Birth control history:

Do you experience yeast infections or urinary tract infections? Please explain:

Constipation/Diarrhea/Gas? Please List:

_____/_____/_____

Allergies or sensitivities? Please List

Do you take any supplements or medications? Please list:

Any healers, helpers or therapies with which you are involved? Please list:

What role does sports and exercise play in your life?

What foods did you eat often as a child?

List a typical for you:

Breakfast

Lunch

Dinner

Snacks

Liquids

Will family and/or friends be supportive of your desire to make food and/or lifestyle changes? _____

What percentage of your food is home cooked? _____

Do you cook?_____

Where do you get the rest from?_____

Do you crave sugar, coffee, cigarettes, or have any major addictions?

The most important thing I should change about my diet to improve my health is:

Anything else you want to share?

It is my choice to receive advice, guidance, and therapy, and I give consent to receive such. I understand that Therapists DO NOT diagnose illness, disease or any other physical or mental disorders.

Therapy is not a substitute for medical examination and diagnosis. I affirm that I have stated all my known medical conditions and shall take it upon myself to keep my Therapist updated on my physical/mental health. I also agree there shall be no liability on the practitioner's part should I neglect to do so. I understand the benefits and risks of therapy and give my consent for therapy. I will consult my practitioner with any questions or concerns immediately.

Please be aware that the therapist may end the session at any time if, in the therapist's opinion, the client engages in any form of unacceptable behavior, either verbal or physical. Payment for the full session will be payable. Any suggestions made by the therapist during or after the session do not constitute a diagnosis, and recommendations are accepted at the client's own risk.

I have stated all medical conditions on the sheet attached that I am aware of and will keep my practitioner informed of any changes.

I agree to provide 24 hour cancellation notice. If I fail to do so, I agree to pay the full appointment fee.

Signature

Date

Permission to Keep Credit Card on File:

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____ CVS _____
Expiration Date (mm/yy):	_____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date