

Name: _____ Age: _____ Sex: M F DOB _____ Date _____

Problems you would like to address:

What are your present symptoms?

Where on your body do you feel physical discomfort?

Due to your condition, have you lost time from the following?

(Describe how much time and what tasks have been limited)

Work: Yes No Describe: _____

Family: Yes No Describe: _____

Leisure Activities: Yes No Describe: _____

List serious sicknesses or operations: _____

Been knocked unconscious, whiplash, concussion, hit in head? _____

Any family history you feel contributes to your current health? _____

Medications/ Vitamins/Pacemakers:

Food allergies/sensitivities if known _____

Do you consume the following? Yes or No/How Often?

Sugary foods _____

Bread _____

Coffee _____

Energy Drinks _____

Dairy Products _____

Servings of vegetables per day _____

Servings of fruits per day _____

What is your typical diet? _____

Current Weight: _____ Ideal Weight: _____

Do you have any scars, tattoos, or piercings? _____

Do you consume alcohol, nicotine or drugs of any kind? If so, what type? _____

Are you regularly exposed to second hand smoke? _____

What are your relaxation habits? _____

What are your sleep habits? _____

What are your exercise habits? _____

Rate yourself from 1-10 on your:: nutrition habits _____ hydration habits _____

Have you experienced any trauma? (physical or emotional) If yes, please describe, including date and age, if comfortable _____

Do you live a stressful lifestyle? If yes, what do you currently do for stress management? _____

What is your typical reaction to stress? (strong emotion, tight muscles, sick stomach, etc.) _____

Do you feel like you have good emotional regulation? _____

Are you involved in any toxic/unhealthy relationships? _____

Do you have any support networks? If so, please explain _____

On a scale of 1-10 (1=least) (10=best), how important is your health to you? _____

Signature: _____ Date: _____

I would like to know:

Do you have any prior experience with Energy Kinesiology? _____

Do you have any prior experience with Nutrition Response Testing? _____

How did you hear about Master's Design Holistic Health Solutions? _____