Your Health Is Essential, LLC

Client Initial Consultation Form

Name: _____ Date:_____
Last Name First Name Middle Initial

What is the main reason for this analysis?

_____

_____

Do you suffer from any allergic reactions? Please list the source:

_____

_____

List the name of all prescription drugs that you take:

_____

_____

List all supplements that you take:

_____

_____

Medical Conditions:

_____

_____

Surgeries:

_____

_____

Tobacco Use:
__Never Smoker __ Former Smoker__ Second Hand __Current smoker

Do you drink alcohol? ___ Yes ___No If yes, how much per week? Glasses of Wine ___ Cans of Beer___ Shots of Liquor___

Do you have food restrictions or intolerances? ___Yes ___No if yes, please list them:

_____

_____

General Health

Please respond to each question or statement by selecting one for each row. In general:

	Excellent	Verygood	Good	Fair	Poor
1. How would you evaluate your health?	___	___	___	___	___
2. How would you rate your quality of life?	___	___	___	___	___
3. How would you evaluate your physical health?	___	___	___	___	___
4. How would you rate your mental health, which includes your thinking ability and your moods?	___	___	___	___	___
5. Rate your satisfaction with your social activities and relationships.	___	___	___	___	___
6. How well do you perform your daily activities?	___	___	___	___	___
7. How well do you perform your different life roles such as spouse, parent, child, friend, employee?.....	___	___	___	___	___
8. How well do you function in your social activities and roles at home, at work and in your community?.....	___	___	___	___	___
9. Rate your physical activities such as walking, climbing stairs, carrying groceries, or moving small furniture.....	___	___	___	___	___

Rate the following:	(5) Never	(4) Rarely	(3) Sometimes	(2) Often	(1)Always
10. Rate your level of fatigue.....	___	___	___	___	___
11. How often do you experience emotional problems such as anxiety, depression or irritability?.....	___	___	___	___	___

12. How would you rate your avegare level of pain? ..... __1 __ 2 __3 __4 __5 __6 __7 __8 __9 __10

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