

Client Confidential Health Questionnaire

All information you give us either in person or on these forms will remain confidential.

Name: _____

If minor, name of Parent or Guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work or Cell) _____

Email address _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____

Occupation: _____

Referred by: _____

Do you currently:

Smoke (how often or when did you quit): _____

Drink alcohol (how much and how often): _____

Drink coffee, tea, or other caffeinated beverage (how much/day): _____

Drink soft drinks (how much/day): _____

Exercise (what type, how often): _____

How much water do you drink each day? _____

List your main health concerns and state briefly how long each has been going on:

List briefly what you expect of this consultation:

List any allergies:

Are you currently under medical treatment for any specific health issue? If so, list the health issue and the treatment you are undergoing:

List any previous health issues with which you have been diagnosed, but for which you are no longer being treated. Include previous treatment administered:

Other issues (serious childhood diseases, accidents or injuries, etc.):

DISCLAIMER & ACKNOWLEDGEMENT

Forever Healthy Consulting LLC synthesizes information from many sources and points of view, including standard medical information, alternative medicine, naturopathy, therapies, the consultant's personal study, research, observations and experience.

Forever Healthy Consulting LLC is provided as an informational resource and educational guide for professionals and non-professionals. The consulting and any information provided should not be used in place of your physician's advice. Please work with your physician who understands the importance of diet and its importance in healing.

Please make your decisions regarding your and/or your child's health based on all the information at hand, knowing that you are the one that knows the most about yourself or your child.

Please sign below that you hold Forever Healthy Consulting LLC and Wende Bartolomeo harmless of any misinformation or any wrongdoing when receiving consultation, food preparation information and cooking instruction.

ACKNOWLEDGEMENT

I accept the terms of the foregoing disclaimer-release and acknowledge that any information I receive from Forever Healthy Consulting LLC and Wende Bartolomeo is to be used for educational purposes only in order to assist me in making the best decisions concerning my own health. I acknowledge that neither Forever Healthy Consulting LLC nor Wende Bartolomeo or any other associate of the Company claim to be Medical Doctors and will not prescribe for or diagnose any disease or condition. I acknowledge that I am responsible for any decisions I make concerning my health and will not hold Forever Healthy Consulting LLC or Wende Bartolomeo liable for my decisions or the results of those decisions or of any information that I may receive.

Client Name : _____

please print

Client Signature: _____ Date: _____