Jessica Minder, NTP
952.240.0469

CLIENT HEALTH PROFILE

Name_____ Today's Date _____

Address_____ Home Phone #_____

City_____ State_____ Cell Phone # _____

Zip Code _____ Birth Date _____ Primary Occupation _____

E-mail address_____

In Case of Emergency, notify_____

Phone_____ Relationship to you _____

Who can we thank for referring you? _____

Are you married or in a romantic partnership? _____ If yes, do you feel safe? _____

YOUR GOALS

What is the outcome you most desire as a result of your session here? _____

_____

Do you believe that this outcome is possible? Yes _____ No _____ Not sure _____

Top complaints or symptoms starting with the most aggravating:

1. _____
2. _____
3. _____

YOUR HEALTH HISTORY

When did you last see a medical doctor for your condition? _____

What was the diagnosis? _____

Who is your medical doctor? _____

Are you under the care of a mental health professional? _____ If so, who? _____

Please list any prescribed medications:

Medication_____ Condition Treated_____

Medication_____ Condition Treated_____

Medication_____ Condition Treated_____

Medication_____ Condition Treated_____

What non-prescribed medicines or supplements do you take regularly? _____

_____

_____

Describe any surgeries or hospitalizations, even if they were years ago: _____

_____

_____

Please note approximately how many servings of the following you eat/drink in an average week.

Alcohol _____ Soft Drinks _____ Coffee _____ Water _____ Cigarettes _____

Candy _____ Ice Cream _____ Cookies/Cakes _____ Fast Food _____

What are the three healthiest foods you eat each week? _____

Unhealthiest? _____

Please list any exercise, meditation, yoga, or relaxation practices you participate in and the approximate minutes per day/days per week for each:

_____

Height _____ Weight _____ Would you like your weight to be different? _____

(Women) Describe your menstrual cycle (i.e. regular, heavy, post menopause)

_____

I have read and completed the health profile to the best of my ability. I understand that I have the right to omit any information and that information shared will be held in confidence between myself and Natural Balance for Life.

_____ Date _____

Your signature or the signature of your parent or guardian if you are under 18 years of age