

Health Survey*

Name_____

Address_____

City/State/Zip_____

Preferred Phone _____ Home__ Mobile__

Do you text?_____

Best time of the day to reach you?_____

Best time for us to have our consultation?_____

Email _____

Your Birthday_____ Current Age_____

Marital status_____ Number of children_____

Their ages and general health status:_____

What is your approximate weight and height? _____

Do you know your BMI?_____

Are you happy with your current weight?_____

In general, would you say your health is: Excellent, Very Good, Good, Fair, or Poor?

Do you suffer from any chronic disease states? If yes, what, and for how long?

Have you had any surgeries or procedures? What and When?

Compared to one year ago, how would you rate your general health now: Better, The Same, or Worse?

Do you take any pharmaceutical medications?
(list)_____

Do you take any supplements or herbal combinations? _____

Do you take or use any other non-pharmaceutical products? _____

Do you have any known allergies to foods, chemicals, or medications? _____

How much bodily pain have you had in the past 4 weeks: None, Mild, Moderate, Severe? _____

If Yes, where and for how long? _____

In the past 2 months have you experienced?

Fatigue _____

Nervousness _____

Memory problems _____

Feeling downhearted/Sad _____

Tired/worn out _____

Rashes _____

Weight gain or loss _____

Conflicts with friends or family _____

Major changes (like a death in the family, a move, a job change, a divorce, etc?)

Do you exercise at least 3x a week? _____ What is your exercise of choice? _____

What kind of diet do you generally eat? _____

Write down everything you have eaten or had to drink in the past 24 hours:

What is your job/profession? _____

What kinds of known exposures do you have to chemicals at home or work? For example, do you touch ink on receipts, do you mix or work with any kinds of chemicals, are you a welder, a painter, do you drive to work in heavy traffic, do you fly often, do you use cleaning products, are you around nail polish, or hairspray, do you repair engines, are you around pesticides, do you work with plastics, etc?

(The Center for Disease Control/CDC says the average American harbors an average of 212 toxins in their body tissues...so we are all toxic to one degree or another. I just want to help you figure out if you have specific exposures known to be present at your job site.)

Have you ever done any kind of detoxification process/method? If so, what and when?

On a scale of 1 to 10...1 being no stress, and 10 being totally overwhelmed...what would you consider your over all stress level to have been for the past month?_____

What do you do, that is helpful to you, for handling stress?_____

Thank you for completing this survey! This will be a great starting place for us to discuss how I can help you to create both your Personal Detox Plan, and your Personal Plan for Optimal Health.

***All information contained in this Survey is confidential. This form will be kept in strictest confidence, never shared with anyone, and only discussed with you.**

Vicki Latham, P.A.-C.