GENERAL INFORMATION SHEET

Name _____ DOB _____ Age ___ Sex: M ◯ F ◯ Date _____
Address _____ City _____
State/Prov. _____ Postal Code _____ Country _____
Home Phone _____ Business Phone _____
E-Mail Address_____ Height _____ Weight _____
Occupation _____ How were you referred? _____
What are your main health concerns or conditions? _____
_____
Please list any medications or food supplements you are currently taking:
_____
_____
Please list any recent medical test results you have, such as blood tests:
_____
_____
Any past surgeries and dates:
_____
_____
Please list illness in your family such as heart disease, cancer, TB, diabetes, arthritis etc.
_____

DIET: What are examples of typical breakfasts for you?	Beverages
Mid-morning Snacks:	
What are typical lunches for you?	Beverages
Mid-afternoon Snacks:	
What are typical dinners for you?	Beverages
Evening Snacks:	

How often and what kind of exercise do you do? _____
_____
About how many hours of sleep do you get per day? _____
Alcohol use: Type _____ Ounces _____ How often _____
Tobacco use: Type _____ How often _____
Recreational Drug use: Type _____How often _____

I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease. Kim Greenlee is a Licensed Massage Therapist and a Nutritional Consultant.

Signed _____ Date_____

SYMPTOMS SHEET

Name _____

CHECK boxes for any conditions or symptoms that presently describe you.
HIGHLIGHT the symptoms most important to you with the PDF highlighter in the tool bar.

- ❑ Joint Pain
- ❑ Joint Stiffness
- ❑ Arthritis, Osteo
- ❑ Arthritis, Rheumatoid
- ❑ Muscle Pain
- ❑ Muscle Weakness
- ❑ Muscle Cramps
- ❑ Bursitis
- ❑ Fractures
- ❑ Osteoporosis
- ❑ Gout

- ❑ Sweet Cravings
- ❑ Sugar Reactions
- ❑ Irritable before meals
- ❑ Can't Skip Meals
- ❑ Hypoglycemia
- ❑ Crave Starches
- ❑ Fat Carvings
- ❑ Other Food Cravings
- ❑ Food Allergies
- ❑ Excessive hunger
- ❑ No hunger
- ❑ Diabetes

- ❑ Rapid Heart Rate
- ❑ Skipped Heart Rate
- ❑ Heart Palpitations
- ❑ Heart Attack
- ❑ Poor Circulation
- ❑ Dizziness
- ❑ Low or High Blood Pressure
- ❑ Angina
- ❑ High Cholesterol _____
- ❑ High Triglycerides _____

- ❑ Cough
- ❑ Bronchitis
- ❑ Asthma
- ❑ Post-nasal Drip
- ❑ Sinus Congestion
- ❑ Allergies
- ❑ Emphysema

- ❑ Fatigue
- ❑ Hypothyroidism
- ❑ Low Body Temperature
- ❑ Cold in Winter/Dry Skin
- ❑ Tend to Gain Weight
- ❑ Hyperthyroidism
- ❑ Acne
- ❑ Eczema

- ❑ Fungal Infections/Candida
- ❑ Psoriasis
- ❑ Hives
- ❑ Hair Loss
- ❑ Slow Wound Healing
- ❑ Cataracts
- ❑ Glaucoma
- ❑ Meniere's Disease
- ❑ Tooth Decay
- ❑ Excessive Plaque on Teeth
- ❑ Gum Disease

- ❑ Infections/Viruses
- ❑ Tumors/Cancer
- ❑ Multiple Sclerosis
- ❑ Parkinson's Disease
- ❑ Scleroderma
- ❑ Fear
- ❑ Anger
- ❑ Anxiety
- ❑ Bipolar Disorder
- ❑ Brain Fog
- ❑ Confusion
- ❑ Depression
- ❑ Irritability
- ❑ Mind Races
- ❑ Mood Swings
- ❑ Obsessive/Compulsive
- ❑ Panic Attacks
- ❑ Poor Memory
- ❑ Schizophrenia
- ❑ Trouble Sleeping
- ❑ Suicidal thoughts
- ❑ Autism
- ❑ Attention Deficit
- ❑ Hyperkinesis
- ❑ Dyslexia
- ❑ Seizures
- ❑ Learning Disability
- ❑ Mental Retardation
- ❑ Delayed Development

- ❑ Bladder Infections
- ❑ Kidney Infections
- ❑ Trouble Urinating
- ❑ Frequent Urination
- ❑ Painful Urination
- ❑ Kidney Stones
- ❑ Water Retention
- ❑ Sinus Headaches
- ❑ Tension Headaches
- ❑ Migraine Headaches

- ❑ Neuritis
- ❑ Eye diseases
- ❑ Constipation
- ❑ Diarrhea
- ❑ Intestinal Gas
- ❑ Bloating
- ❑ Heartburn
- ❑ Ulcer
- ❑ Stomach Pain
- ❑ Colitis
- ❑ Gall Stones
- ❑ Fissures
- ❑ Hemorrhoids
- ❑ Cirrhosis
- ❑ Diverticulitis
- ❑ Tend to Gain Weight
- ❑ Tend to Lose Weight

- ❑ Anemia
- ❑ Easy Bruising

- ❑ Dental Amalgams
- ❑ Drug Addiction
- ❑ Alcoholism
- ❑ Smoking

WOMEN:

- ❑ Premenstrual Syndrome
- ❑ Water Retention
- ❑ Cramps
- ❑ No Menstruation
- ❑ Heavy periods
- ❑ Light/Irregular Periods
- ❑ Ovarian Cysts
- ❑ Fibroid Tumors
- ❑ Abnormal Pap Smear
- ❑ Menopause
- ❑ Fibrocystic Breasts
- ❑ Breast Tumors
- ❑ Yeast Infections
- ❑ Hot Flashes
- ❑ Currently pregnant
- ❑ Abuse
- ❑ Rape

MEN:

- ❑ Prostate Problems
- ❑ Impotence
- ❑ Infertility

- ❑ Vegetarian
- ❑ Vegan

Other Symptoms or Comments: _____