

CLIENT CASE RECORD

Name: _____	Date: _____	email: _____
Home Phone: _____	Work Phone: _____	
Address: _____		
City: _____	State: _____	Zip: _____
Age: _____	Birth Date: _____	Weight: _____
Height: _____	Sex: _____	
Occupation: _____	S.S.#: _____	
Referred by: _____		

Please list the four main important complaints in order of importance:

1. _____
2. _____
3. _____
4. _____

Current Medications / Vitamins taking:

History of illness and treatments:

Allergies / Sensitivities:

Notes:

Please check off the ones that apply:

Stubborn Weight

- Craves refined carbohydrates
- Frustrating stubborn weight
- History of low-calorie diets
- Fluid retention
- History of Birth Control pills
- History of Hormones Replacement Therapy
- High protein diets don't work
- Lack of willpower
- Can't loose weight despite exercise

Menstrual (female only)

- PMS
- Irregular Periods
- Ovarian cysts
- Heavy bleeding during menstruation
- Fibrocystic breasts

Menopause (female only)

- Hot flashes
- Night Sweats
- Vaginal Dryness
- Leaky Bladder
- Frequent urination at night
- Bone loss/osteoporosis

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Blood Sugar

- History of diabetes
- Cravings for sweets, refined carbohydrates
- Tired at 3:00 pm (afternoon)
- Insomnia (difficulty sleeping)
- Acne and skin problems
- Lack of energy
- Depression
- Anxiety
- Numbness or tingling in finger tips or toes
- Eye sight getting worse
- Excessive thirst
- Gets irritable or shaky when hungry

Thyroid

- Fatigue
- Intolerance to cold
- Cold hands or feet
- Sluggish elimination or constipation
- Mental sluggishness or lethargy
- Hair loss
- High cholesterol
- Ridged nails (vertical-up and down) or brittle nails
- Weight (sluggish)

Digestion/Kidney

- Bad breath
- High blood pressure
- High cholesterol
- Stomach bloats when eating wheat or sugar
- Skin problems
- Burning feet
- Pain between shoulder blades
- Intestinal gas
- Coated tongue (white fibs)
- Indigestion, acid reflux
- Irritable bowel problems
- History of antibiotics
- Toe nail fungus
- Headaches or Migraines
- Painful joints
- Right shoulder pain or tightness
- Itchy private parts

Prostate (male only)

- Urination difficulty or dribbling
- Night urination frequency
- Enlarged prostate

Adrenal

- Out of breath when walking up stairs
- Dizziness
- Excessive facial hair - female
- Fatigue during the day
- Difficulty getting out of bed in morning
- Waking up in the middle of the night
- Arthritis or stiff and painful joints
- Nervousness
- Fluid retention
- Swollen ankles
- Allergies
- Asthma
- Craving salt (chips, pretzels)
- Muscle cramps, worse during exercise
- Dull pain in chest or radiating in left arm