IMBROGNO CHIROPRACTIC & HEALING ARTS CENTER

NUTRITION CASE HISTORY

Welcome! Please fill out the following information. We will utilize this information in your nutritional consultation.

Name: _____ Date: _____

Address: _____

Phone #'s: Home _____ Cell _____ Work _____

Email: _____ Birth Date: _____

Occupation: _____

Who referred you to our office? _____

Please list the 3 most important things we can help you with to improve your health and the quality of your life:

1. _____
2. _____
3. _____

On a scale of 1-10, how important is your health to you? Scale is: 1= lowest importance, 10 = highest importance

1 2 3 4 5 6 7 8 9 10

On a scale of 1-10, how willing are you to make lifestyle changes to gain greater health?
Scale is: 1 = I don't want to change anything, 5 = I will make moderate changes, 10 = I will do anything it takes!

1 2 3 4 5 6 7 8 9 10

YOUR CURRENT NUTRIENT PROGRAM

Please list ALL supplements you take on a regular basis: _____

_____

_____

_____

MEDICATIONS

Please list ANY medications you take and the conditions for which you are taking them:

_____

_____

_____

_____

NOURISHMENT

Do you have any digestive difficulties or conditions that affect your digestion?

_____

Do you have any food allergies or sensitivities?

_____

Please list the foods you commonly eat for each meal.

BREAKFAST: _____

LUNCH: _____

DINNER: _____

SNACKS: _____

BEVERAGES: _____

HOW MANY GLASSES OF WATER DO YOU DRINK ON A DAILY BASIS? _____

HOW MANY SERVINGS of FRUITS & VEGGIES DO YOU EAT ON A DAILY BASIS? _____

YOUR COMMENTS

Is there ANYTHING else I should know about you, or anything not asked about that you think is important?

_____

_____

INFORMED CONSENT

Please read the informed consent below and sign to acknowledge your understanding. If you have any questions, please feel free to ask!

I acknowledge that the doctors and staff of IC&HAC are not medical doctors. I understand that the doctors and staff provide nutritional and other health-related information to help me attain my optimal health. All recommendations are designed to help me keep and enjoy my best state of health through personalized recommendations in lifestyle, exercise, health habits, and advanced nutrition. I understand that the Doctors and staff of IC&HAC do NOT diagnose, treat, cure, or claim to cure any disease.

I have read this informed consent and I understand it. I am not a minor* Additionally, I am here on this day and any subsequent visit, solely on my own behalf I am signing my own true given, legal name and not an alias or false name.
*Children under the age of 18 must be accompanied by a parent or legal guardian.

_____ _____
Signature of client (parent or legal guardian if minor child) Date

_____ _____
Witness Date