Name: ____________________ **Date:** __________

Address: ______________________________

City: ____________ **State:** ____ **Zip:** ______

Email: ______________________________

Phone (daytime): ____________ **(evening):** ____________

confidential questionnaire

Birth Date: ______________ Current Weight: ______________ Height: ______________

Amount Over or Underweight: ______________ Blood Pressure: __________ Pulse: __________

What are your primary health concerns? ______________________________

____

____

Check known disease(s) known to have occurred in the family:

❑ Diabetes ❑ Tuberculosis ❑ Allergy ❑ Ulcers

❑ Heart Disease ❑ Liver Disease ❑ Asthma ❑ Migraines

❑ High Blood Pressure ❑ Kidney Disease ❑ Cancer ❑ Arthritis

❑ Convulsions ❑ Lung Problems ❑ Others

About Yourself:

Present Occupation: ______________________________

Previous Occupations: ______________________________

Marital Status: ❑ Single ❑ Married ❑ Widow ❑ Divorced

Live with: ❑ Family ❑ Alone ❑ Other

Do you smoke tobacco? __________ If so , how much? ______________________

If you stopped, when did you quit? ______________________________

Do you use recreational drugs? __________ If so , how much? ______________________

Do you drink alcoholic beverages? __________ If so , how much? ______________________

Do you currently take any pharmaceutical drugs or hormones? __________ If so, kindly list below: ______

____

Do you drink coffee or soda? __________ If yes, how often? ______________________

Personal Health History

Have you suffered from or do you currently suffer from any of the following conditions/ailments:

Condition			Condition		
Fevers, chills, night sweat	Y	N	Shortness of breath	Y	N
Severe or frequent headaches	Y	N	High blood pressure	Y	N
Frequent dizzy spells	Y	N	Constipation	Y	N
Hearing trouble	Y	N	Alternating diarrhea and constipation	Y	N
Eye trouble	Y	N	Frequent indigestion or gas	Y	N
Anxious	Y	N	Ulcer of stomach	Y	N
Depressed	Y	N	Kidney or bladder stones	Y	N
Irritable	Y	N	Urinary infection	Y	N
Trouble dealing with stress	Y	N	Diabetes or sugar in urine	Y	N
Asthma	Y	N	Hypoglycemia	Y	N
Mucus in chest of bronchial area	Y	N	Arthritis, Bursitis, Rheumatism	Y	N
Fast, irregular, or slow pulse	Y	N	Frequent colds or flu	Y	N
Pain in chest	Y	N	Black bowel movements	Y	N
Fevers, chills, night sweats	Y	N	Shortness of breath	Y	N
Allergies	Y	N	Skin rashes	Y	N
Varicose Veins	Y	N	Do you sleep well?	Y	N
Swollen lymph glands	Y	N	Do you feel rested in the morning?	Y	N
Have you had your tonsils removed?	Y	N	Do you feel tired after eating?	Y	N
Have you had your appendix removed?	Y	N	Tired or diminished energy during the day?	Y	N
Do you eliminate at least once a day?	Y	N	How many times do you eliminate (typical day)? ________		

Serious illnesses as an adult ____

____

Have you been hospitalized and/or undergone an operation? If so, please explain: ____________________

____

____

How would you describe your “exercise regimen”? ______________________________

____

____

Please describe your typical daily food and drink intake below:

Breakfast	
Lunch	
Dinner	
Snacks (throughout day/time)	

About Your Weight:

Has your weight changed in the past year? ❑ Yes ❑ No

If yes, how much? ______________________ Current weight now? ______________________

Approximate weight 1 year ago: ______________ Approximate weight 5 years ago: ______________

Please use this space to write any other important health considerations you may have. The more specific, yet descriptive, your information is, the more I will be able to help you. ______________________________

____

____

____

____

Agreement & Understanding Prior to Consultation with Lauren Talbot

I, ______________________, the undersigned, do hereby acknowledge that Lauren Talbot states to me that she is an educator and a holistic health counselor and that she is not a licensed (allopathic) medical doctor or licensed primary health care provider.

I state that I come to Lauren Talbot with the purity of purpose of seeking more information. I state that I do not come with any forethought or desire for entrapping Ms. Talbot into an illegal statement. If I am a member of the A.M.A., the F.D.A., or any law endorsement agency, or any city, county, state or federal regulatory agency, then I will identify myself as such before the appointment begins.

I understand that Ms. Talbot's sole intention is offering to me general education information I request. If I choose to use this information to work on myself then I affirm that the responsibility is mine.

I understand Ms. Talbot to feel one should never use her information in any way that contradicts, conflicts, or opposes a course of treatment recommended by a primary health care provider such as a licensed medical doctor. If I ever perceive or feel that information given by Ms. Talbot opposes a licensed doctor's treatment or recommendations, Ms. Talbot strongly advises me to follow the advice and instruction of my licensed primary health care provider.

I understand that Lauren Talbot is not providing medical services. I will not consider anything she says to substitute in any way for consultation, diagnosis and treatment by a licensed primary health care provider, such as an M.D. Lauren Talbot is not a licensed medical doctor (M.D.) or licensed primary health care provider. SHe does not diagnose, prescribe, or treat symptoms, defects, injury or disease. This appointment is for educational purposes only. If I want medical advice or treatment, Lauren Talbot encourages me to consult with a licensed primary health care provider. I consult with Lauren Talbot in her capacity as a Naturopathic Educator and Holistic Health Counselor who conveys self-help information that people can use to increase their own health and well being. I affirm my right to self-health and I take full responsibility for my healing process.

I, the undersigned, do hereby voluntarily state to understand and acknowledge as accurate all the above comments.

Date: ______________________ Signature: ____

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