Back2Balance **NEW CLIENT INFORMATION FORM**

Name	**Date**
Address	**City/State/Zip**
Phone	**Email**
Date of Birth | Age	**Referred By**

Which of our services are you interested in today?

_____

_____

List in order of importance your current primary health concerns

1)	6)
2)	7)
3)	8)
4)	9)
5)	10)

Current or previous treatments for above concerns (if any) _____

_____

_____

_____

List all prescription medication taken	List all supplements and herbs taken

Current weight: _____ Current body fat: _____ Target weight: _____

How would you describe your energy level? (10 being the highest) _____

How would you describe your stress level? (10 being the highest) _____

What best describes your quality of sleep?

Insomnia		Takes over 30 minutes to fall asleep		Sound sleeper	
Fall asleep fast/wake up several times throughout the night				Average/waken occasionally but go right back to sleep	

How many hours of sleep per night do you get? _____

Have you ever been tested for food sensitivities? _____ How long ago? _____

If so, what foods are/were you sensitive to?

_____

_____

Dental Health:

Root canals _____ Filings _____ Extractions _____ Gum disease _____ Cavitations _____
Other: _____

Exercise:

How many times per week do you exercise? _____ Average Length per session? _____

Types of exercise and number of times per week?

Walking		Cardio classes		Team sports	
Jogging/walking		Rebounding or jumping		Biking	
Tennis		Yoga / Pilates / Tai Chi		Hiking/climbing	
Dancing		Stretching		Other	

……..Notes……

Back2Balance

Nutritional Intake Form

List all typical foods and drinks you consume regularly throughout the week:

BREAKFAST	LUNCH	DINNER	SNACKS
BEVERAGES (INCLUDE WATER) **i.e. Coffee x 3 cups**	**BEVERAGES (INCLUDE WATER)**	**BEVERAGES (INCLUDE WATER)**	**BEVERAGES (INCLUDE WATER)**

Do you smoke cigarettes?	If so, no. per day:	
Do you eat fast foods?	If so, no. per day:	
Do you eat out at restaurants?	If so, no. per day:	
Do you eat processed foods (from a can, box, bag)?	If so, no. per day:	
Do you drink alcohol?	If so, no. per day:	
Do you eat organic food?		
Are you willing to change your diet, if needed?		

WAVER OF LIABILITY

I, _____ understand the practitioners of Back2Balance Health & Wellness (The Practice) are not licensed physicians and are in no way authorized to diagnose, prevent, cure or treat any disease. The Practice assists clients by educating and suggesting individualized dietary intake, nutritional supplements, herbal and homeopathic remedies, exercise, stress reduction techniques and holistic healing therapies and devices (The Services). These therapies are used to enhance and complement your current health regimen. The Services are not intended to replace your current treatments or medications; nor are they in any way intended as a substitute for care by a licensed medical doctor.

I understand the statements made about The Services offered have not been evaluated by the U.S. Food and Drug Administration. They are not intended to diagnose, treat, cure or prevent any condition or disease.

I understand that not every person may obtain the desired results from the use of The Services provided by The Practice. The Practice will not be held responsible or liable for any failure to produce expected results from The Services or if the Services cause adverse reactions.

I understand the Practice and Services are not intended to diagnose, treat, cure, mitigate or prevent disease, illness or any medical condition. It is my responsibility to determine if I am fit for The Services and qualify for their use by reviewing the warnings and contraindications located within the description of each service offered. I will consult with my healthcare practitioner to prior to using The Services.

I understand that by participating in The Services of The Practice, I agree to release The Practice of any liability that may arise. This is a comprehensive limitation of liability that applies to all damages of any kind; including without limitation, compensatory, direct, indirect or consequential damages, loss of income, profit, loss or damage to property and claims of third parties.

Signed:

_____ _____

Client (type name if agreed) Date