Northwest NUTRITION
rediscover your vitality

Consulting Disclaimer & Client Information

Name: _____ Birthdate: _____

Address: _____

Phone: cell _____ Email: _____

Occupation: _____Since: _____ Spouse/Partner first name_____

Pets-Type/Name: _____Referred by: _____

Purpose of today's visit: _____ First Noticed: _____

Current Stress: _____ Details? _____

Doctor-Name/Type: _____ Medications/Drugs: _____

Physical Health as a child: Excellent/Good/Fair/Poor Emotional Health/Issues as child: _____

Immunized for: ☐Measles ☐Mumps ☐Rubella ☐Small Pox ☐Influenza ☐Tetanus ☐Diphtheria ☐Hep A ☐Hep B ☐HPV ☐Pneumonia ☐Chicken Pox ☐Polio ☐Typhoid ☐Shingles ☐Other: _____

Injuries/ Surgeries/Serious Illnesses	Date	Outcome

Experienced any of the following? Circle	Comments:
Brain: migraines, headaches, tumors, depression, anxiety, nervousness, memory loss, tinnitus, panic attacks, dizziness, irritable, mood swings, stress, phobias	
Sleep: ____ hours per night, insomnia, wake up during night	
Digestion: reflux, gas, Crohn's, colitis, constipation, diarrhea, nausea, celiac, ulcers	
Lungs: asthma, bronchitis, pneumonia, coughing/phlegm	
Skin: rashes, bumps, eczema, allergies, herpes, shingles, hair loss	
Bone/Joint: pain, cramps, arthritis, osteoporosis, teeth grinding,	
Blood: anemia, diabetes	
Inflammation/Tightness: neck, back, knees, other	
Heart: disease, stroke, valve issues, high/low blood pressure, water retention	
Eyes: dry, itchy, goopy, blurry, glaucoma, cataracts	
Other: appendicitis, tonsillitis, bladder issues, hormone issues	
Diseases: Cancer, Chicken Pox, Diabetes. Endometriosis, MS, Polio, Parkinson's	
Allergies: ☐animal hair/dander _____☐ Dust/Molds_____ ☐ Chemicals: _____ ☐Medications _____ ☐Food _____ ☐Grasses/Weeds/Pollen: _____ ☐Other_____	
Toxic Chemical Exposure? What substance/When:	
Abuse/Addictions: Y/N What type/When:	
Women only: age first menses: _____ # children _____ # miscarriages/still birth ____ age onset menopause	

Margaret Mann, 425-747-0533
Nutritional Therapy & Energy clearing

13401 Bel Red Rd Suite B12
Bellevue WA 98005-2322

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Consulting Disclaimer & Client Information

Please read the following information FULLY AND CAREFULLY.

I understand the services offered here are related to nutrition and lifestyle. I understand we will do this through discussion, questionnaires, nutritional assessment, energy field assessment, reading, and one on one training. I understand a series of sessions may be needed as my body goes through changes. I understand it is my responsibility to eat the recommended diet, do *appropriate* exercise, get enough rest and water and learn about what my unique body needs to improve and maintain its health.

Nutritional Therapy

I understand the basic goal is to become knowledgeable about and responsible for my own health and bring it to a personal optimum. Nutritional therapy is designed to improve health, but is not designed to treat specific diseases or medical conditions. Reaching optimum health requires a positive attitude and commitment to possible lifestyle changes.

Medical Conditions

I understand that the practitioner is not a licensed medical doctor and no comments or recommendations should be construed as a medical diagnosis, cure, or treatment. I understand that if I have a medical condition, I need to consult with an appropriate health care provider. If become pregnant or develop a medical condition I will notify Northwest Nutrition immediately so my supplemented nutrition plan can be adjusted. If I am under the care of another health care provider it is important that I alert them to my use of nutritional supplements. If I am using medications of any kind, it is important to alert Northwest Nutrition. I will discuss potential interactions between prescriptions and supplements with my pharmacist. As with any product, if I have any *unexpected* physical or emotional reactions I will discontinue use immediately and contact all involved health care providers.

Professional

I understand that all the information received by the practitioner in this or any other session is confidential and will not be specifically discussed or shared without my permission. I do give permission for the practitioner to use me as an example in work discussions or workshops without using my name. I also understand the practitioner may suggest other professionals for me to see to facilitate my education, understanding and health improvement. I understand it is my choice if I pursue these suggestions. I understand that both the practitioner and I have the right to end our business relationship at any time.

Name (Please Print) _____

Signed: _____ Date: _____

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