

# Health Guardians

## “Wellness Through Education”

Referred by \_\_\_\_\_

Mr Mrs Ms. \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

HomePhone \_\_\_\_\_ WorkPhone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ DesiredWeight \_\_\_\_\_

Frame Size: SM MED LG Marital Status: M S D WD,

# of Children \_\_\_\_ Age of Youngest \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Chemical Exposure? \_\_\_\_\_

What is your main complaint? \_\_\_\_\_

Lifestyle/ Occupation Strenuous \_\_ Moderate \_\_ Light \_\_ Sedentary \_\_

Do you smoke? \_\_\_\_ How much? \_\_\_\_ How many years? \_\_\_\_

If quit, how many years did you smoke? \_\_\_\_ How much? \_\_\_\_ When? \_\_\_\_\_

Are you currently taking any of the following medications? Please circle:

Birth Control Pills; Antibiotics; Hormones; Diet Pills; Aspirin; High Blood Pressure Pills;  
Tranquilizers.

Other: \_\_\_\_\_ How Long? \_\_\_\_\_

If you've quit. how many months did you take them? \_\_\_\_ When did you quit? \_\_\_\_\_

Do you currently have or ever had any of the following conditions? Please circle:

Surgery; Heart Attack; Diabetes; VD; Herpes; Stroke; HIV or AIDS; Cancer; Mono;  
Broken Bones; Asthma; Arthritis; Pneumonia; Mental Illness.

Other: \_\_\_\_\_

Have you ever had to abstain from any of the following? Please circle:

Alcohol; Junk Food; Sugar; Caffeine; Marijuana; LSD.

Other: \_\_\_\_\_

How many dental amalgams (silver fillings)? \_\_\_\_\_ How many fillings total? \_\_\_\_\_

How many bowel movements do you have per day? \_\_\_\_\_

Have you been or are you undergoing psychological counseling? \_\_\_\_

Do you see a chiropractor? \_\_\_\_ Acupuncturist? \_\_\_\_ Colon Hygienist? \_\_\_\_\_