

NEW CLIENT INFORMATION PAGE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

How you heard about Beverly: \_\_\_\_\_

Occupation: \_\_\_\_\_

Age: \_\_\_\_\_ Height & Weight \_\_\_\_\_

What symptom or issue bothers you the most? What treatments have you had?

What are your other 5 top concerns? Be specific.

How quickly do you expect to accomplish your health goals?

Do you need to closely watch your finances, or are you budgeted for optimal health?

Current medications, daily dosage and how long taken: \_\_\_\_\_

\_\_\_\_\_

Current supplements (limit to 7 or 8 favorites please):

\_\_\_\_\_

History major illnesses and approximate dates:

\_\_\_\_\_

\_\_\_\_\_

History surgeries and scars and approximate dates: \_\_\_\_\_

\_\_\_\_\_

History accidents, blows and traumas:

\_\_\_\_\_

\_\_\_\_\_

Number of mercury (silver) fillings and/or root canals:

\_\_\_\_\_

What is the thing you're most hoping I can help you with?

What is the biggest limiting factor in your life and happiness?

What do you do for fun or pleasure?