

Date: _____

Full name (including middle): _____

Date of Birth: _____ Age: _____ Place of Birth: _____
(In case of CoRe scan & include country)

Address: _____ City: _____

Postal Code: _____

Phone number(s): _____ (H) _____ (work/cell)

E-mail address: _____

Emergency contact (include name and phone number):

Occupation: _____

Were you a vaginal delivery or C-section: _____

Do you know if you were breast fed or bottle fed? (Circle one)

Are you vaccinated? _____ If yes, list date of last one : _____

For? _____

Main reason for coming in today:

Regimen:

Please list your blood type here _____

Oxidative type _____ Glandular Type _____ (Don't worry, we'll figure this out together)

Are you a smoker? _____

How much sunlight are you getting each day? _____

Water...

1. How much water do you drink in a day? _____

2. What kind of water do you drink? (tap, bottled, spring, artesian, etc.) _____

Beverages...

3. How much natural, fresh fruit or vegetable juice do you drink in a day/week? _____

4. How much do you drink of the following:

a) alcohol _____

b) coffee/tea _____

c) commercial fruit juices _____

d) milk (and what type) _____

e) pop regular _____

f) pop diet _____

g) miscellaneous _____

Food...

5. Describe what you eat on a regular basis: _____

*Now please list what you ate and drank yesterday and so far, today...

6. Please list any food/beverage cravings: _____

7. How would you characterize your appetite? _____

Sleep...

8. How much sleep do you get at night, in hours? _____

9. What kind of sleep do you get? (restful, sound, deep, refreshing, fitful, light, etc.)? _____

10. What time do you normally go to sleep? _____

11. What time do you normally wake up? _____

12. Do you wake with or without an alarm clock? _____

Medications/Supplementation...

13. Please list all medications (include those that you obtained with a prescription and those that were purchased over the counter) that you are currently taking and any that you have used in the past year. (Please note these medications and those that go back further than one year need to appear in the timeline.)

14. Please list all supplements that you are currently taking. (Examples: Multi-vitamins, fish oils, Black cohosh, greens, etc.)

Recreation...

15. Please tell me if you are married/common law/single/dating, etc. And describe how satisfied you are in your relationship(s).

16. What are your hobbies?_____

17. Some people like to meditate, others enjoy walks or the company of others in order to relax. What ways do you have, to help you de-stress and relax?

Exercise...

18. Do you do regular exercise? Yes____. No ____.

19. If yes, please describe what you do and how often you do it.

Additional information you'd like me to know about...