INTAKE FORM

NUTRITION CONSULTATION

Date of First Nutrition Consultation _____ Age _____ DOB _____

First Name _____ Last _____

Address _____ City _____ State/Zip _____

Email _____ Phone # _____

Have you seen one of the doctors at Natural Paths to Wellness? ○ Yes ○ No

If so which one? _____ Date of last appointment _____

Height _____ Weight _____ Desired Weight _____

Any significant weight changes in the last year?

What are your health goals?

1.

2.

3.

4.

5.

6.

What techniques, diets, behaviors, etc. have you tried in the past to reach those goals?

What have been your biggest challenges in reaching your health goals?

What is your motivation to improve your health?

Do you have any chronic health conditions?

What medications are you currently taking?

1. 4.

2. 5.

3. 6.

What supplements are you currently taking?

1. 4.

2. 5.

3. 6.

What type of physical activity do you do? How often?
Do you have any conditions that prevent you from exercising?

How many hours of sleep do you get on average? _____

When is your energy level the best? _____

Worst? _____

Do you have any dietary restrictions such as a food allergy or sensitivity?

Are you following a specific way of eating such as vegetarianism, keto, or intermittent fasting?

Do you experience cravings regularly? If so what do you crave?

Are there foods you dislike?

Please give a detailed example of what you eat in a typical day **including meals, snacks, and beverages**.

First meal at _____ ○ am ○ pm
What did you eat and drink?

Snack _____

Second meal at _____ ○ am ○ pm
What did you eat and drink?

Snack _____

Third meal at _____ ○ am ○ pm
What did you eat and drink?

Snack _____

WHOLE BODY RESET Consultations ONLY.

Do you have any of the following contraindicated conditions?

- ○ Pacemaker
- ○ Liver Disease?
- ○ Kidney Disease?
- ○ Cancer
- ○ Epilepsy?
- ○ Pregnant or Nursing?

Why are you considering the Whole Body Reset Program?

Please indicate your willingness to do the following:

5 = most willing

To improve your health how willing are you to:	1	2	3	4	5
Make changes your diet	○	○	○	○	○
Engage in physical activity	○	○	○	○	○
Prepare meals at home	○	○	○	○	○
Make your health a priority	○	○	○	○	○
Attend (3) 1-hour sessions per week for 6 weeks	○	○	○	○	○

THANK YOU!

At Natural Paths to Wellness, we understand that unanticipated events occur in everyone's life. In our commitment to provide a quality experience to all of our clients and out of consideration for our Doctors' time, we have adopted the following policies:

1. A credit card will be required for all new patient appointments to reserve that time for you. Your card will not be charged unless you fail to provide a 24 business hour notice of cancellation. If you wish, you may use it to pay for services and/or supplements at the completion of your appointment.

2. $155 for a new patient appointment and 100% of the amount of services scheduled for a return appointment will be charged in full for clients who "no-show" or fail to cancel within a 24 business hour time period. This does not include weekends. If you have to cancel an appointment for a Monday, please be sure to do it the business day prior. (Friday) The determined amount will be charged to the credit card on file.

3. Financial responsibility for services you receive at the office is yours alone and is **due at the time of service**. Cash, check, debit cards, and all major credit cards (except American Express) are accepted as forms of payment. Please note that insurance will not cover the cost of your services. If you have a FSA or HSA credit card, you may use that for payment, however, we can not guarantee that all plans will approve these expenses.

4. Please arrive for your appointment(s) on or before your scheduled starting time. If late arrival is inevitable, your service(s) may be shortened in order to keep on schedule.

CONSENT OF FINANCIAL RESPONSIBILITY

I have read the above statement and understand that i am financially responsible to natural paths to wellness for all care and services provided to me and/or my dependents.

Signature: _____ Date _____

Submit this form to Admin@NaturalPathsToWellness.com or fax to 717.430.0016