

# 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.

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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!

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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 Nutritionist's time, we have adopted the following policies:

1. A credit card will be required for all new patient appointments to guarantee your appointment and reserve that time for you. Your card will not be charged unless you fail to provide 24 hours notice of cancellation, however, you may use it to pay for services at the completion of your appointment.
2. 50% of the amount of the services scheduled 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 their reservation within a 24-hour time period. 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.
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

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*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](mailto:Admin@NaturalPathsToWellness.com) or fax to 717.430.0016

