



Client Subjective Health Evaluation Profile

Part 1: General Information

Name _____ Date _____

Do you currently take vitamins or other supplements? Yes No
If Yes, please list: _____

Did you have anything to eat during the last 3 hours? : Yes No

If Yes, what did you eat? (There is no need to fast before your appointment)

Reason for seeking help: _____

Part 2: Medications:

Check any of the following medications you are taking:

- | | | |
|--------------------------------|-------------------|-----------------|
| Antacids | Antidepressants | Antibiotics |
| High Blood Pressure Medication | Pain Medications | Water Retention |
| Anti Inflammatory Medications | Heart Medications | Hormones |
| Oral Contraceptives | Ulcer Medications | Laxatives |
| Radiation and/or Chemotherapy | Thyroid | Steroids |

Please List Medications By Name: _____

The following information is provided for nutritional information. The information being sought is of a nutritional nature and not a medical diagnosis, treatment, disease prevention or health assessment . I understand this facility additionally collects specimens for research purposes only. I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Drug Administration or related agency. I understand that Nutritional Microscopy, Live Cell Microscopy, Unchanged Blood examinations and Vital Hematology are screenings for research and education only and that my sample and data may be utilized confidentially for research and statistical purposes. I further understand: According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g)(1), the term "Drug" is defined to mean: Articles intended for the use in the DIAGNOSIS, CURE, MITIGATION, TREATMENT or PREVENTION of disease. In other words, to claim that a vitamin, mineral, trace element or amino acid will have any effect on disease or symptoms thereof, that particular nutrient then becomes a DRUG under the law as written. Therefore, any suggested nutrition is not intended as primary therapy for any disease or symptom, but is provided solely to upgrade the quality of foods delivered through the diet.

Signature _____ Date _____
Address _____
City/State _____ Zip _____
Phone _____ E-mail _____