

Name: _____

Date of Birth: _____

Phone Number: _____

Email: _____

Country/State: _____

Height: _____

Weight: _____

Please list your top health concerns/
symptoms:

Please tell me about your lifestyle (do you
work, are you a stay at home parent, etc)?

Do you have people in your life that support
you & believe in you?

What is your activity level like (how often do
you work out, are you sedentary, etc)?

Please list anything you have officially been
diagnosed with, or any surgeries you've had:

Have you had any recent testing and/or
bloodwork done and if so, what did it reveal?

Do you have any history of drug, or alcohol
dependency?

If you're a female, please tell me about your
hormonal and/or birthing history (PMS,
heavy periods, irregular periods, menopause,
c-sections, etc):

Tell me about the condition of your hair, skin, & nails (hair-loss, brittle hair, dry skin, itchy skin, rashes, psoriasis, eczema, nail breakage, nail ridges, nails fungus, etc):

Tell me about your ears, nose, throat, & respiratory system (chronic ear infections, ear ringing, sinus infections, asthma, etc):

Do you have any joint or muscle pain?

Tell to me about your dental history (root canals, silver fillings, history of cavities, wisdom teeth removed, other teeth pulled out, braces, permanent retainer, implants, etc):

Tell me about your bowel movements (how many times do you go each day, is it easy for you to go, do you have diarrhea/constipation, etc):

Are you easily able to work up a sweat and/or do you deal with night sweats, or excessive sweating?

How is your sleep (do you struggle to fall asleep, struggle to stay asleep all night, do you snore, do you wake up to pee at night, etc)?

How are your energy levels during the day (do you feel fatigued, do you take naps, etc)?

Have they ever lived, or worked in a place that had visible leaks in the ceiling, under the sink, smelled musty, or where you could actually see mold/mildew growing anywhere?

Tell me about your exposure to electromagnetic frequencies and wifi radiation:

Do you keep your wifi router on 24 hours a day?

Do you sleep with your cellphone next to you?

Do you live next to cellphone towers, or large power lines?

Do you have a smart meter?

Do you have a microwave that you use regularly?

Do you keep your cellphone tucked into your pocket a lot?

Do you use a laptop or computer regularly?

How many hours per day would you estimate you are on your smart devices?

Tell me more about your cleaning & beauty products:

Do you use toothpaste that contains fluoride?

What brand of laundry detergent do you use?

What kind of cleaning products do you use around the house?

What kind of dish-soap and hand-soap do you use?

Do you wear cologne or perfume?

What kind of body-wash, shampoo, and conditioner do you use?

What kind of make-up and/or skin-care do you use?

What kind of deodorant do you use?

Tell me more about your medications & supplements:

Have you ever used over the counter antacids or prescription antacids?

Do you have an IUD, or use birth control?

List any prescription/OTC medications you are using:

List any supplements you regularly take:

Tell me more about the water you drink, shower and bathe in:

What kind of water do you drink (tap water, bottled water, etc)?

Do you use a filter on your drinking water and if so, what kind?

Do you use a filter on your shower or bath water?

Do you put trace mineral drops, or electrolytes into your water?

Tell me more about your caffeine intake:

Do you drink coffee, tea, or energy drinks regularly and if so how much per day?

Do you drink your coffee, or other caffeinated drinks, on an empty stomach, before you've had a meal?

Tell me more about your eating habits:

Do you feel hungry in the morning?

Do you skip breakfast regularly?

Is there a certain diet you follow (vegan, vegetarian, carnivore, keto, paleo, etc)?

Do you avoid certain foods, because of allergies, or sensitivities and if so, what are those foods?

What do you typically eat for meals and snacks?

Are there any foods you crave?
