

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Country/State: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Please list your top health concerns/  
symptoms:

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

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

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

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Please list anything you have officially been  
diagnosed with, any surgeries, organs that  
have been removed, or implants (breast,  
titanium, mesh, etc):

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

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

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Do you regularly use, or consume alcohol,  
marijuana, CBD, vape pens, etc?

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Tell me about your vaccination history (covid  
vaccines, flu shots, etc):

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Tell me about the following (hormone  
imbalances, PMS, PMDD, PCOS, breast  
implants, heavy or irregular periods,  
menopause, c-sections, vaginal births, etc):

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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):

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

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Do you have any joint or muscle pain?

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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):

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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):

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

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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)?

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

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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?

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

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

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Do you sleep with your cellphone next to you?

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

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Do you have a smart meter?

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Do you have a microwave that you use regularly?

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

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Do you use a laptop or computer regularly?

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

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Tell me more about your cleaning & beauty products:

Do you use toothpaste that contains fluoride?

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What brand of laundry detergent do you use?

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

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

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Do you wear cologne or perfume?

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

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

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What kind of deodorant do you use?

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Tell me more about your medications & supplements:

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

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Do you have an IUD, or use birth control?

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List any prescription/OTC medications you are using:

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List any supplements you regularly take:

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

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

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

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

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

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Tell me more about your caffeine intake:

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

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

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Tell me more about your eating habits:

Do you feel hungry in the morning?

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Do you skip breakfast regularly?

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

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

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What do you typically eat for meals and snacks?

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Are there any foods you crave?

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