

CLIENT INFORMATION AND STATEMENT (NUTRITIONAL)

Name _____ Date _____
Address _____ Phone _____
City, State, Zip _____

HEALTH INFORMATION

1. Have you ever had or been diagnosed as having problems with any of the following:

<input type="checkbox"/> Anemia	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cancer	<input type="checkbox"/> Liver
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Ulcers	<input type="checkbox"/> Digestion	<input type="checkbox"/> Circulation
<input type="checkbox"/> Heart	<input type="checkbox"/> Kidneys	<input type="checkbox"/> Lungs	<input type="checkbox"/> Stomach
<input type="checkbox"/> Prostate	<input type="checkbox"/> Fainting	<input type="checkbox"/> Bleeding	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Nerves	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> PMS	<input type="checkbox"/> Alzheimer's
<input type="checkbox"/> Thyroid	<input type="checkbox"/> Ovaries	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Skin	<input type="checkbox"/> Throat	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hemorrhoids
<input type="checkbox"/> Gallbladder	<input type="checkbox"/> Breast	<input type="checkbox"/> Colon	<input type="checkbox"/> Constipation
<input type="checkbox"/> Tumors	<input type="checkbox"/> Bladder	<input type="checkbox"/> Spine / Back	<input type="checkbox"/> Parasites
<input type="checkbox"/> Spleen	<input type="checkbox"/> Pancreas	<input type="checkbox"/> Edema	<input type="checkbox"/> Weight

2. Occupation _____ Date of Birth _____

3. Are you allergic to any food or medication? _____

4. Are you pregnant? ☐ Yes ☐ No If so, how many months? _____

5. Are you under a lot of stress? _____

6. What conditions are you presently under a physician's care for: _____

7. Please list any medications you are taking: _____

8. Please tell us how you learned of our service: _____

Client Statement

I understand that I am here to learn about nutrition and better health practices and that I will be offered information about food supplements and herbs as a guide to general good health and this is considered a personal ministry and spiritual counseling.

I fully understand that those who counsel me are not medical doctors or practitioners and I am not here for medical-diagnostic purposes or treatment procedures. I am not on this visit or any subsequent visit an agent for federal, state, or local agencies or on a mission of entrapment or investigation.

The services performed by Wendell Whitman or others are at all times restricted to consultation on the subject of nutritional matters intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Date _____ Signature _____