



## 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? \_\_\_\_\_

\_\_\_\_\_

Reason for seeking help: \_\_\_\_\_

\_\_\_\_\_

### Part 2: Medications:

Check any of the following medications you are taking:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Antacids                       | <input type="checkbox"/> Antidepressants   | <input type="checkbox"/> Antibiotics     |
| <input type="checkbox"/> High Blood Pressure Medication | <input type="checkbox"/> Pain Medications  | <input type="checkbox"/> Water Retention |
| <input type="checkbox"/> Anti Inflammatory Medications  | <input type="checkbox"/> Heart Medications | <input type="checkbox"/> Hormones        |
| <input type="checkbox"/> Oral Contraceptives            | <input type="checkbox"/> Ulcer Medications | <input type="checkbox"/> Laxatives       |
| <input type="checkbox"/> Radiation and/or Chemotherapy  | <input type="checkbox"/> Thyroid           | <input type="checkbox"/> 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 hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Drug Administration or related agency.. I 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 \_\_\_\_\_