



TODAY'S DATE			REFERRED BY (IF APPLICABLE)			
NAME			PHONE			
ADDRESS			EMAIL			
DOB		HEIGHT		WEIGHT		SEX M F I
TIME OF BIRTH (IF KNOWN)			BIRTH CITY/STATE			
EMERGENCY CONTACT (NAME & PHONE)					RELATIONSHIP	
MAKE/MODEL OF CAR. HOW LONG HAVE YOU OWNED IT?						

### GENERAL HEALTH INFORMATION

Who is your primary care physician or health professional?	
Are they an effective match for your goals?	
Please list any current physical stressors.	
Location of Discomfort/Pain?	
Have you experienced this before? If so, when?	
What have you done for this condition?	
Have you seen a doctor for this?	
Are you now being treated by a doctor?	
What complimentary modalities do you use to maintain your health?	
Any recent surgeries, traumas, accidents or hospitalizations?	
Do you have heart disease or family history of heart disease?	
Do you wear a pacemaker?	
Are you currently pregnant or seeking to become pregnant?	
Have you given birth? How many times? <i>If so, please describe: Natural? Without complications? C-Section?</i>	



<p>Did you tear / have episiotomy during childbirth?</p>	
<p>Are you currently on a blood thinner? Have you been in the last 12 months? <i>Note: It is contraindicated to take a systemic enzyme product if you are on a blood thinner.</i></p>	
<p>Please list current medications, supplements, vitamins, herbs, homeopathic, etc. <i>Bring all to first appointment.</i></p>	
<p>How many courses of antibiotics have you taken in your lifetime? <i>Less than 5? 5–10? More than 10?</i></p>	
<p>Please list all previous pharmaceutical treatments, for what conditions, and frequency of use.</p>	
<p>Comprehensive list of your medical history: <i>Include illnesses or diagnoses, surgeries, and the medical treatment administered (please estimate dates)</i></p>	
<p>Comprehensive list of your dental history: <i>Fillings, root canals, bridges, bicuspid or other tooth extractions etc.</i></p>	
<p>Please list your family health and medical history: <i>Diagnosis, surgeries, illness, dental issues, etc.</i></p>	
<p>Comprehensive List of any bodily scars: <i>For each scar, list the following: date of injury, location on body, length/width, and any other detail such as appearance (raised, flat, color) and sensitivity.</i></p>	



<p>Do you fee you are under extreme stress? Please explain.</p>	
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DIET & EXERCISE

<p>Please describe your daily physical exercise/ movement:</p>	
<p>Are you currently trying to loose weight? If so, how much?</p>	
<p>Please describe your typical diet:</p>	
<p>What percentage of your daily food intake is raw? Estimate your daily fiber intake (in grams).</p>	
<p>How many glasses/ounces of water, coffee, soda &amp; milk do you drink per day?</p>	
<p>Describe your source of water: <i>Tap/Filtered/Reverse Osmosis/Structured</i></p>	
<p>What else do you drink? <i>Juice, alcohol, soda, etc.</i></p>	

EMOTIONAL & RELATIONSHIP HISTORY

<p>Please list any current emotional stressors and describe your experience.</p>	
<p>Have you experienced this before? If so, when?</p>	
<p>What have you done for this stressor?</p>	
<p>Are you currently under professional care for this stressor?</p>	
<p>Please describe your current living situation:</p>	
<p>How many hours/week do you work?</p>	
<p>What is your avocation (what you love doing)?</p>	
<p>Are you currently fulfilled by your work?</p>	



Describe your daily schedule/activities including work/profession:	
Do you have children? <i>Please list names and ages.</i>	
Are you currently married? Happily single? Other?	
Other significant relationships?	
Please comment on your social emotional history (including family & personal relationships):	
Where did you grow up? Easy childhood? Did you have a significant number of emotional traumas in your early life? If so, how many? <i>Less than 5? 5-10? More than 10?</i>	

SPIRITUAL PRACTICE & HISTORY

Religious Affiliation/Practice (family history & current)	
Please describe your daily activities that affect body, mind & spirit: <i>Things you consciously do to positively affect your body, mind &amp; spirit. Ex: meditation, prayer, exercise, good nutrition</i>	
What is your favorite music to listen to? Least favorite?	



All things considered, how spiritually fulfilled do you feel at this point in your life?  
Please rate on a scale of 1-10 (10 being the most).

LIFE EVENT PRIORITIZATION

Please prioritize 5 life events (Injuries, illness, traumas, etc.) that have created the most stress. This exercise is meant to draw together all that you have explored throughout this form so that you may become conscious about what could be driving your health concern. Please take your time because this is such a valuable tool for raising your level of health. Thank you.

Event 1  
Name event. Year. Does it still feel like a stressor? How does it manifest?

Event 2  
Name event. Year. Does it still feel like a stressor? How does it manifest?

Event 3  
Name event. Year. Does it still feel like a stressor? How does it manifest?

Event 4  
Name event. Year. Does it still feel like a stressor? How does it manifest?

Event 5  
Name event. Year. Does it still feel like a stressor? How does it manifest?

How did you hear of us?

What draws you here to work with Cari?  
What have you heard that compelled you to book an appointment?

Is there any specific modality or service you seek?



How would you like to feel after working with  
Cari? *List three adjectives.*

Thank you.