

BETTER LIVING LIVE AND DRY BLOOD ANALYSIS

Nutritional Assessment Profile

Name:	Phone Number: (H)	(cell)
M [] F []	E-mail address:	
Age: Weight: lbs Height:	Address:	
Referred By:		
Blood Type: A B AB O	Birthdate:	
List paternal family diseases:		
List maternal family diseases:		
Do you have pets?	Y [] N [] What kind?	
What type of exercise do you do?		
How often and duration?		
Do you experience digestive difficulties? (ie. bloating, constipation, gas)	Y [] N [] Describe:	
Do you have a bowel movement every day?	Y [] N [] How many per day?	
List any food or environmental allergies you have:		
Provide complete details about your entire health history. Be as specific as possible. Use the back of the sheet if necessary.		
Have you ever been hospitalized for surgery?	Y [] N [] Approximately when and what for?	
List all supplementation (vitamins, minerals, herbs) you are taking:		
Describe any health issues/problems you are currently experiencing. Specify your main concern.		

Current Medications

Reason of taking?

How long?

Diet:

Number of cups per day: coffee ___ black tea ___ water ___ pop ___ alcohol ___ milk ___ juice ___

What is the source of your drinking water?	Filtered [] Tap [] Reverse osmosis [] Bottled []
How many grams of chocolate do you eat per week?	
How many fruits do you eat per day?	
How many vegetables do you eat per day?	
Are the fruits and vegetables organic?	Y [] N [] Sometimes []
What do you wash non-organic in?	Veggie wash [] Peroxide solution [] Water [] Other []
Provide any other information that may be relevant, but hasn't been covered regarding diet.	

Chemicals:

What type of environment do you work in?	Office [] Factory [] Other [] If other, describe:
Occupation:	
Do you or have you ever smoked and for how long?	
Do you or have you ever had metal dental fillings?	
How many root canals do you have?	
Do you, or have you used aluminum cookware?	Y [] N [] How recently?
Do you use antiperspirants that contain aluminum?	Y [] N []
Do you use antacids?	Y [] N [] How often?
Are you now, or have you ever, taken birth control pills?	Y [] N [] How many years?
Have you ever been on hormone replacement therapy?	Y [] N [] Currently?
Have you ever had shots/vaccinations? (including flu shot)	Y [] N []
Which ones and how long ago?	
What drugs have you taken during your life? (prescription, over-the-counter, and "recreational"). Note: this is in addition to what you are taking currently, which was described on page 1)	
Have you ever been on antibiotics?	Y [] N []
How often and for what reasons?	

This information is provided for a nutritional assessment. I understand that the information I am seeking is of a nutritional nature and **not** a medical diagnosis.