

Evolved Health Chiropractic & Sports Medicine New Patient Nutrition Information:

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home # _____ Cell# _____ Work# _____

E-Mail _____ Occupation _____

Referred By _____ B-Day _____

Age:	Wt:	Ht:	BP:
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What is your main complaint or area of interest?

Family History (check all that apply):

Stroke _____	Diabetes _____
High BP _____	Weight Problems _____
Depression _____	Ulcer _____
Heart Disease _____	Psoriasis _____
Arthritis (RA or OA) _____	Glaucoma _____
Cancer ___ Type? _____	Family Side: ♀ _____ ♂ _____

Personal History (check all that apply):

<p>Arthritis RA OA</p> <p>Stroke</p> <p>High Cholesterol How High? _____</p> <p>High Blood Pressure How High? _____</p> <p>Diabetes Metabolic Syndrome Insulin Resistance</p> <p>Low Blood Sugar</p> <p>Chronic Fatigue Fibromyalgia Multiple Chemical Sensitivities Infectious Mononucleosis</p> <p>Frequent Colds/Flu</p> <p>Herpes/ HPV</p> <p>Cold Sores</p> <p>Cancer What type? _____ Chemo? _____ Rads? Steroids?</p> <p>Surgeries What type? _____</p>	<p>Thyroid Problems Hypothyroidism Hyperthyroidism</p> <p>Headaches Chronic Tension Migraines Cluster Hormonal</p> <p>Food Allergies To What? _____</p> <p>Seasonal Allergies To What? _____</p> <p>Medication Allergies To What? _____</p> <p>Sleep Problems</p> <p>Forgetfulness</p> <p>Hot Flashes</p> <p>PMS</p> <p>Birth Control Pills/ Hormones</p> <p>Weight Problems</p> <p>Constipation</p> <p>Diarrhea</p> <p>Abdominal Cramping/ Bloating</p> <p>Yeast Infections</p> <p>Low Libido</p> <p>Ulcers</p>
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What Medications and Dosages are you taking? List all please:

What Vitamins and herbal supplements are you taking? List all please:

Do you eat, drink, or use (circle all that apply):

Antacids	Protein Drinks	Appetite Suppressants
Aspirin	Alcohol	Coffee
Tylenol	Tap Water	Decaf Coffee
Ibuprofen	Bottled Water	Diet Soda
Laxatives	Tea	Soda
Refined Sugars	Candy	White Bread
Margarine	Butter	Fast Foods
Chewing Gum	Fried Foods	Chips
Salt (w/out tasting)	Tobacco	Cigarettes
Artificial Sweeteners (Blue, Pink, Yellow)		Coffee Creamers

List any food aversions and/or foods you dislike:

Do you get noticeably irritated, weak, or lightheaded if you haven't eaten in a while?

Do you crave certain foods? _____ **What foods?** _____ **Sweets?** _____ **Chocolate?** _____ **Bread/Pasta?** _____
Fried Foods? _____ Alcoholic drinks? _____ Sodas/Diet Sodas? _____ Meat? _____ Other? _____

Are you:

Under excessive amounts of stress _____ at home _____ at work _____

Physical Stress _____ Mental Stress _____

Exposed to chemicals regularly _____ Type _____

Exposed to smoke regularly _____

How often do you have bowel movements? _____ per day/ week/ month

Urinate? _____ per day

How is your dental health? Prone to Cavities? Gum Disease? Bleeding Gums?

Are your nails weak or brittle? _____

Average Sleep per night? _____

Any sleeping problems? _____

To what extent will you commit to achieving better health?

Little _____ Moderate _____ Major _____ Extreme _____

Is there anything else about either your history or your current condition that you feel is important to mention?

Evolved Health Chiropractic & Sports Medicine
Nutritional Consultation Informed Consent and Disclaimer of Liability

I understand that the scope of consultation services does not include treatment or diagnosis of specific illnesses or disorders. Any mention of drugs in the course of consultation is only for the purpose of providing a complete history of drugs that the client is taking. Any change in prescription or dosage is a decision the client makes with his or her Primary Care Physician.

Rather than dealing with treatment of disease this intervention focuses on wellness and prevention of illness through the use of non-toxic, natural nutritional therapies to achieve optimal health. As a clinical nutritionist and functional medicine specialist, Dr. James Ellis primarily educates and motivates clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet.

While people generally experience greater health and wellness as a result of embracing a healthier attitude, lifestyle, and diet, this does not promise or guarantee protection from future illness.

By signing below, you acknowledge that you understand these terms and agree that Dr. James Ellis will not be held liable for failure to diagnose or treat an illness, nor will he be liable for failure to prevent future illness.

Client's Signature: _____ Date _____

Doctors Signature: _____ Date: _____