

INTENT Nutrition & Lifestyle Consulting
(905) 973-0391

Client Intake Form

Complete the following forms providing as much information as possible. All information is held in strictest confidence.

1. What is your main purpose in coming to INTENT Nutrition & Lifestyle Consulting?

2. Have you been diagnosed with an ailment?

3. Are you taking any medications? (Please list)

4. Rate and circle your stress level(1=low, 10=high) 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10

5. What is the major cause of your stress? (health, finances, relationship)

6. Do you have any coping strategies for stress, (eating, exercise, smoking.)

7. How many hours of sleep do you typically get?

8. What time do you go to sleep? _____ 9. What time do you get up?

10. Do you feel rested? _____

11. Do you wake up during the night? _____

12. List any supplements you are taking? (Please bring them to your first appointment)

13. List any family hereditary diseases, (mother+breast cancer, grandfather + high blood pressure).

14. What is your beverage of choice and how often do you drink it on a daily basis? (i.e. coffee, tea, soft drinks, water, juice)

15. What types of foods do you crave?(i.e. sugary, salty, breads)

16. Do you avoid certain foods? If so, why?

17. Do you experience any symptoms if meals are missed? (i.e. irritability, weakness, dizziness)

18. Do you experience any symptoms after a meal? (bloating, gas, belching, rashes)

19. Any other health concerns or questions?

Name: _____

Address: _____

City: _____ Province: _____

Postal Code: _____ Phone: _____

Email

Signed: _____ Date: _____

DISCLAIMER: Please note your time with a Registered Holistic Nutritionist and Registered Holistic Allergist is to promote personal awareness and is for educational purposes only. It is not intended to diagnose diseases or treatments. You must see a medical professional for a diagnosis or treatments.