SUGARHOUSE holistic health

INFORMATION SHEET

All questions contained in this questionnaire are strictly confidential.

			Date:
Name: ☐ M ☐ F			**DOB:**
Address:	**City:**	**State:**	**Zip:**
Email:	**Phone:**		
Who referred you for your appointment today?			

Why You're Here
Top three concerns, relief from symptoms, reasons for visit: 1) 2) 3)
What have you already tried to relieve these concerns?
How much are you willing to change to become healthier?

☐ A little	☐ Some	☐ Quite a bit	☐ Everything!

MEDICAL HISTORY

List any prescribed drugs, over-the-counter drugs, and supplements that you currently take

Name the Drug	Strength	Frequency Taken

Allergies to medications?

Name the Drug	Reaction You Had

Surgeries?
☐ Yes ☐ No If yes, what and when?
Have you received any diagnosis from a licensed medical professional? If so, what and when?

FEMALES		
Are you postmenopausal? ☐ Yes ☐ No	If so, at what age did you enter menopause?	
What were the characteristics of your menopausal experience?		
Do you currently use hormone replacement or hormonally based contraception? ☐ Yes ☐ No	If so, why type?	
Are you now pregnant or do you plan in the near future to become pregnant? ☐ Yes ☐ No		
Is your menstrual cycle regular? ☐ Yes ☐ No	Longer than 28 days? ☐ Yes ☐ No	Shorter? ☐ Yes ☐ No
Is your menstrual cycle regular? ☐ Yes ☐ No	Do you have cramps and/or clotting? ☐ Yes ☐ No	
Do you experience PMS, cyclical headaches, or cravings? ☐ Yes ☐ No		

HEALTH HABITS		
Nutrition	How many ounces of water do you drink daily?	Type? ☐ Reverse Osmosis ☐ Tap ☐ Spring ☐ Distilled
	Which meals do you eat daily?	☐ Breakfast ☐ Lunch ☐ Supper ☐ Snacks
	How many bowel eliminations per day?	
	How many digestive enzymes daily?	
	How much of the following do you consume? (1D = once daily, 3M = 3 times monthly)	
	Soda _____ Coffee _____ Smocking _____ Alcoholic Beverages _____ Fast Food _____ Milk _____	
	White Flour _____ Raw Fruit _____Raw Veggies _____ Whole Grains _____ Meat _____ Sugar Usage _____	
	Artificial Sweeteners _____ Raw Fruit _____ Raw Veggies _____ Whole Grains _____	
	Comment on specifics of the above. (Diet soda? Decaf coffee? Red wine? Raw milk?)	
	What types of food do you crave?	☐ Salty ☐ Chocolate ☐ Sweets ☐ Breads ☐ Other
	What are your favorite foods?	
	What foods DON'T you like?	
Exercise/ Movement/ Energy	☐ Sedentary (No exercise)	
	☐ Mild exercise (i.e., climb stairs, walk 3 blocks, golf)	
	☐ Occasional vigorous exercise (i.e., work or recreation, less than 4x/week for 30 min.)	
	☐ Regular vigorous exercise (i.e., work or recreation 4x/week for 30 minutes)	

	If so, what type of activity?	Do you enjoy it? ☐ Yes ☐ No	
	How much daily energy (1 = lowest energy level; 10 = highest energy level) do you have?		
	How many breathing exercises daily?		
	How many hours of TV do you watch daily?		
	How many hours of "you time" do you spend each day? (prayer, meditation, naps, church, reading, study, etc.)		
	How many hours a week do you spend with family/friends?	Social?	Obligation?
	How many hours of sleep do you get each night?	How many hours do you need?	

MENTAL HEALTH		
Is stress a major problem for you?	☐ Yes	☐ No
Do you feel depressed?	☐ Yes	☐ No
Do you panic when stressed?	☐ Yes	☐ No
Do you cry frequently?	☐ Yes	☐ No
Have you ever attempted suicide?	☐ Yes	☐ No
Have you ever seriously thought about hurting yourself?	☐ Yes	☐ No
Do you have trouble sleeping?	☐ Yes	☐ No
Have you ever been to a counselor?	☐ Yes	☐ No

I understand that I am here to learn about food choices, lifestyle, and natural health practices, and that I will be offered information about food, nutritional supplements, herbs, and homeopathy, based on sound scientifically supported study. I have come of my own free will and acknowledge that Marianne Madsen will offer assessments based on formal training in natural health and holistic ministry.

I fully understand that those who counsel me are not medical doctors, and I am not here for medical diagnoses or treatment procedures.

I am not on this visit, or any subsequent visit, an agent for federal, state or local agencies, or on a mission of entrapment or investigation.

The services performed here are at all times restricted to consultation on matters intended for the maintenance of the best possible state of natural health and stewardship of the body, and do not involve the diagnosing, treatment, or prescribing of remedies for disease.

*Signature*_____ *Date* _____