

Intake form – nutrition and wellness clients

Heather Horst RN, BSN, CMT

Name _____

Email _____

Birthdate _____

Phone _____

Address _____

OK to leave voice mail? ____ OK to text? ____

Emergency Contact _____

In what ways are you HAPPY with your current health?

What GOALS do you have for improving your health?

What habits currently support your health? (Exercise, foods, attitudes, activities?)

Who prepares your meals?

Please list all your current supplements and medications. Please bring the actual supplement bottles to your appointment. If you are a remote client, please provide images of each ingredient label, including inactive ingredients.

When was your vitamin D last tested? What were your levels? _____

Other nutrition labs? _____

Do you have any known allergies?

Please describe your job and your workstation. If retired, a typical day's activities.

What causes you stress and what do you do to cope?

Do you use tobacco? How much/how often?

Do you use alcohol? Other recreational drugs? How much/how often?

What do you do for recreation and self-care? How often?

What toxic chemicals are you frequently exposed to? Perfumes and scented products?
Cleaning products? Occupational exposures? New construction?

Do you see or smell mold/mildew in your house? _____

Do you have any amalgam (silver colored) dental fillings? _____

Do you still have your gallbladder? _____

What type of water do you drink? _____

How often do you feel ...

Fatigued? _____

Joyful? _____

Angry? _____

Calm/Content? _____

Depressed/overwhelmed? _____

Capable? _____

Anxious/irritable? _____

Strong? _____

Please describe your typical bowel habits _____

Please describe a typical night's sleep. _____

How much time do you spend looking at screens daily? Cell phones, computer, TV, kindle, etc.

Do you look at screens in the last 2 hours before bed? _____ Do you use a blue blocker app? _____

What else do you want me to know about your health?

I understand that Heather Horst is a holistic nurse, not a physician. I understand that she can offer advice or information, but not diagnose disease or prescribe medical treatment. I consent to receive nursing care in the form of wellness coaching, diet and supplement suggestions, and education. I affirm that I have provided truthful and accurate information in this questionnaire.

(Patient or guardian)

(date)