



*Life's
Balance*
A Balanced Life Rooted in Heaven

New Client Information

Please print clearly

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____ - _____ Work Phone:(____) _____ - _____

Cell Phone:(____) _____ - _____ Email Address: _____

Easiest place to reach you: _____ May we leave a message? Y/N

Referred by: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Current Complaints (reason you are here): _____

Current medications/drugs being taken with dosages: _____

Are you currently under the care of a physician or other health care professionals? If yes, please give name: _____

Are you currently taking vitamins, herbs or nutritional supplements? If yes, please list:

Personal Habits: Do you use the following and if so, how much?

Cigarettes _____ Coffee _____ Alcohol _____ Soda _____

Sugar _____ Non prescription drugs _____