

INTENT Nutrition & Lifestyle Consulting
(905) 973-0391

Client Intake Form

Please bring to your first appointment the completed forms and any supplements you are taking.

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?

Print Name _____

Signature _____

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.