



Name \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Referred By \_\_\_\_\_ Phone Hm \_\_\_\_\_ Cell \_\_\_\_\_ Birthdate \_\_\_\_\_ Eye Color \_\_\_\_\_

Please check, circle or list the following areas of concern: Blood Type \_\_\_\_\_

Digestive

- #of meals per day
- Over Acid  Under Acid
- Stomach Problems  Hiatal Hernia
- Other \_\_\_\_\_

Emotions/Nerves

- Mood Swings  Depression
- Anxiety, fear, nervousness
- Anger, irritability
- Other \_\_\_\_\_

Lymph/Skin

- Do you sweat often?
- Do you exercise often \_\_\_\_\_ # times per week
- Do you use an antiperspirant?
- Hives, rashes, dry skin Acne
- Headaches How often?
- Other \_\_\_\_\_

Hair/Nails

- Hair Loss  Poor Nails
- Other \_\_\_\_\_

Elimination/Colon

- # of bowel movement(s) per day/week
- Diarrhea  Constipation
- Other \_\_\_\_\_

Glands

- Irregular Periods
- PMS, Menopause Symptoms
- Other \_\_\_\_\_

Urinary

- Water retention  Kidney/back pain
- Other \_\_\_\_\_

Energy/Activity

- Fatigue, sluggishness
- Hyperactivity, Insomnia
- Other \_\_\_\_\_

Respiratory

- Chest Congestion/Coughing/Pain
- Asthma, Bronchitis, Allergies
- Stuffy nose/Sinus problems
- Other \_\_\_\_\_

Head /Ears/Eyes/Mouth/Throat

- Earaches, ear infection
- Ringing in ears, hearing loss
- Blurred/Poor Vision  Sore throat, hoarse
- Other \_\_\_\_\_

Circulation/Heart/Joints

- Irregular/Rapid heartbeats
- Chest pain  Poor Circulation
- Arthritis Pain or aches in joints
- Other \_\_\_\_\_

Weight

- Under/Over weight
- Binge eating/drinking
- Craving certain foods
- Other \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Allergic to anything? \_\_\_\_\_

Other \_\_\_\_\_

**Read This: I have chosen herbology as an alternative and I understand TruHealth provides information for education and interest only and is not intended as and must NOT be taken as diagnosis for any disease. I have read and understand the above.**

Sign \_\_\_\_\_ Date \_\_\_\_\_