

INFORMATION QUESTIONNAIRE

Date: _____

Name: _____ Phone: _____

Address: _____

City, State, Zipcode _____

Email Address: _____

Date of Birth _____ Occupation _____

1. If you are under a doctor's care, please list his/her name and phone number:

2. Please list all prescription and over the counter drugs (ie. aspirin), and list the reason or purpose for the drugs: _____

3. Do you smoke cigarettes, etc. and/or consume alcoholic beverages?

4. Are you **allergic** to any foods, vitamins/herbs, medicines and/or other?

5. List all vitamins or herbs that you are taking:

6. Are you often thirsty?_____ Is your thirst ever quenched?_____

7. Please list all ailments or conditions that you are being treated for or have been diagnosed with (ie. allergies, diabetes, cancer, etc.). Please list the year of the diagnoses and the course of treatment that was followed, if necessary use the back of the sheet or a separate page:

8. Please list current aches and pains that you feel in your body? (ie. knees, neck, back, etc.)

9. **Women only.** Have you ever been pregnant and if so did you miscarry, abort or give birth. Please list how many children that you have had and year(s) born.

10. List how much exercise you do in one week and the types of exercise:

11. Have you been in an accident? If so, please list the year and any injuries that you received.

12. Do you wear glasses, contacts or hearing aids? _____

13. Do you like your voice? _____ Do you sing? _____

14. How many times a year do you get sick? Please list whether it's cold, flu, etc. and if there any particular season you are more prone to illness?

15. How often do you have a bowel movement? And is it loose or hard?

16. Do you bruise easily?___ Tire easily?___ Shortness of breath?___

17. Do you have night sweats?_____ Current Weight_____

18. Are there any colors that you dislike?_____

19. What are your favorite colors?_____

20. Please list everything that you eat and drink on a daily basis for the period of three to five days. This should include the amount of water, sodas, coffee, cookies, candy, etc.

21. Which is your heaviest meal?_____

22. Do you eat late at night? _____ How late? _____

23. Do you drink with your meals? _____

24. What is your main goal or objective in meeting with me? _____

Please sign your name and put today's date.

Name Date

The "Natural Path" (Naturopathy) has five basic principles:

Stimulate the body's ability to heal itself;

Do no harm to the body;

Find the first cause, remove the cause and not just the symptoms;

Educate and empower the individual; and

Treat the whole person, not just the diseased part or system.

Health Consultant Status Form

PLEASE READ CAREFULLY BEFORE SIGNING

I, Beth Carpenter N.D., am neither a physician nor a psychologist and do not hold myself out as one. I am a Naturopathic Practitioner, a Life Science Educator and a Consultant of Natural Health. As my student/client you will be educated to an alternative lifestyle of healthful living. This lifestyle is known as Natural Health. For any medical problem it is important that you have seen your physician and have had any medical treatment completed or underway as you see fit.

Please read & sign the following statement

In response to the above declaration, I agree that as a student/client of Beth Carpenter N.D., I will always seek medical advice for medical treatment as I choose. As a student/client, I am here to learn the effective use of Natural Health and Life Science in my daily life. I acknowledge that nothing in the teachings or methods of Natural Health of Life Science as taught by Beth Carpenter N.D. is for the purpose of diagnosing, treating, alleviating, mitigating, curing, preventing, or caring for "disease" in any way or manner whatsoever. I clearly understand that "diagnosis" or treatment of any kind is outside the scope and practice of Natural Health and Life Science. I do recognize that Natural Health and Life Science is a religious science of health. I also clearly understand that all of the teachings and methods of Natural Health and Life Science as taught by Beth Carpenter N.D. are for the sole purpose of assisting people to learn how to BUILD THEIR OWN HEALTH. And I agree that my health care is my responsibility and I acknowledge and accept the health care support of my own free will with thoughtfulness and understanding of the above.

Signed _____ Dated _____