



# [W]HOLISTIC APPROACH TO LIVING

---

## MEDICAL MASSAGE CINCINNATI

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Referred by: \_\_\_\_\_

I am seeking nutritional coaching for:

- Pain Reduction
- Control cardiac disease
- Control diabetes (type2)

- Control high Blood Pressure
- Weight control/anti aging
- Just to get healthier

### HEALTH HISTORY

*\*Have you ever been diagnosed with or presently have: (circle)*

- High/Low Blood Pressure
- Depression/Anxiety
- Osteoporosis
- Stroke/ TIA's
- Bruising easily Disc Disorder
- Diabetes/Hypoglycemia
- Lymphatic conditions
- Neuritis/ Nerve Disorders
- Heart Disease

- Kidney/Bladder Conditions
- Seizure Disorders (Epilepsy)
- Aneurysm
- Liver/Gall Bladder Conditions
- Asthma
- Anemia /Blood Disorders
- Cancer
- Chronic Respiratory Conditions
- Blood Clots/Phlebitis

- Reproductive Organ Conditions
- Chronic Sinus Conditions
- Other Circulatory Conditions
- Anorexia/Bullimia/Binge - Disorders
- Allergies

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Medication you are taking on a regular basis (list):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on your desire for help with nutrition, tell me what are the biggest changes you would like to make in your health in the next 3 months?:

---

---

---

What are the changes you would like to make for the rest of your life? \_\_\_\_\_

---

---

---

Have you tried diets or lifestyle changes in the past? If so what did you do and what was the outcome?\_\_

---

---

---

---

Please list stressors in your life (can be general or as specific): \_\_\_\_\_

---

---

---

How much exercise do you get daily/weekly: (type & duration): \_\_\_\_\_

---

---

**Health & Weight Management**

How would you rate your general health? (1-poor to 10-excellent) \_\_\_\_\_

Describe: \_\_\_\_\_

---

---

What is your present Height: \_\_\_\_\_ Weight: \_\_\_\_\_

What was your weight, 1 year ago: \_\_\_\_\_ 5 years ago: \_\_\_\_\_ Do you have a goal weight? \_\_\_\_\_

On a 1-10 scale what is your overall satisfaction with your body? (how you feel on a daily basis; energy, strength, stamina, GI system, skin) \_\_\_\_\_

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Most recent Blood pressure: \_\_\_\_\_ Resting Heart Rate: \_\_\_\_\_ Blood Sugar: \_\_\_\_\_

A1C: \_\_\_\_\_

**General Food intake & Information**

List any supplements and vitamins you presently take: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have food allergies or aversions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your current eating habits: (week days vs weekend)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your daily intake of beverages (# of glasses of milk, water, coffee/tea, soda, alcohol):  
\_\_\_\_\_  
\_\_\_\_\_

Do you crave foods, if so what kind? \_\_\_\_\_

Salty or Sweet?

List your favorite foods:  
\_\_\_\_\_  
\_\_\_\_\_

Do you do the cooking at home?  
\_\_\_\_\_

Do you have time to prep food for you week?  
\_\_\_\_\_

Do you do the grocery shopping and are you comfortable with shopping for your meals?

---

Please check all statements that describe your eating patterns:

- I usually don't realize I'm hungry until I'm ravenous.
- I'm often not satisfied until I am stuffed
- I can't say no to foods like chocolate or chips
- If food is there I eat it
- I was raised to be part of the "clean plate club" eating everything on my plate even after I've had enough.
- I often eat until full but within 30 mins to 1 hr I am hungry again.
- once I start eating simple carbs I want more.

\* While it is my passion to help everyone reach their desired outcomes and reach their most healthy selves, I am not a physician. I am a nutritional coach which means I look at your histories and patterns and help you create a plan, with doable steps to get you to your goals.

I can work along side your doctor if we decide that would be best for you. If you decide to go on our own understand all guidance received is for general purposes and medical advice will be obtained from your primary care provider only.

\* Nutrition and exercise are intended to promote general health and wellness and are not intended to replace physician care or medical intervention. All nutritional assessment, suggestions and consultation on nutrition, diet and exercise are based on your input, and are not intended to diagnose, treat or cure any disease or ailment.

\* You accept all responsibility for reviewing diet, nutrition, lifestyle or exercise suggestions with a licensed medical professional before following said suggestions.

You agree to inquire about any activities with which you are not familiar, and provide any information which may limit your participation in suggested activities.

\* Results and changes in your general health and wellness may vary depending on medical conditions, medications, and accuracy in following suggested guidelines.

\* As your general health and wellness may change with modifications in diet, nutrition and lifestyle, physician prescribed medications may require modification. It is your responsibility to discuss this with your physician. Never reduce or eliminate physician prescribed medications without the direction of your physician or medical care provider.

\* Your personal and health information will remain confidential and will not be shared without your consent.

\* You give permission for the information provided on this form and discussed in your nutritional consultation(s) to be shared and discussed with the primary care physician you have listed on this form, at the discretion of the clinical nutritionist and in the interest of your general health and wellness.

I hereby waive and release my nutritional coach and (W)Holistic Approach to Living – Medical Massage Cincinnati and anyone affiliated with it, from any and all liability, past, present and future, relating to nutritional advise, suggestion or plans.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_