New Client Questionnaire

Please take some time to answer the following questions. Your answers help me to determine the best possible assessment of your case. If you are able, print the form, fill it out, and bring it with you to the interview. If you do not have printing capabilities, you can answer the questions in this word document, save it, and email it to david.meesters@gmail.com. Thank you!

Name _____ Date: _____

Phone # _____ Email _____

Gender _____ Date of Birth _____

Height _____ Weight _____ Occupation _____

What are your major life interests, passions, goals?

What is your primary reason(s) for seeking my help?

Do you have any other current health concerns? If so, please describe.

What major health-related issues have you had in the past?

Are you currently working with any other health care practitioners? If so, which kinds?

Have you or any blood relatives ever had any of the following? (Circle those that apply to family members, check those that apply to you)

☐ Allergy/Asthma	☐ Headaches/Migraines	☐ Stroke
☐ Arthritis	☐ Heart Disease	☐ Substance Abuse
☐ Bleeding or Clotting Tendency	☐ High Blood Pressure	☐ Thyroid Disease
☐ Cancer	☐ Kidney Disease	☐ Tuberculosis
☐ Diabetes	☐ Obesity	Other

Please list any surgeries or medical procedures you have undergone (including tonsillectomy, oral surgery, abortions or D&C's, cystectomy etc.):

Have you ever been hospitalized for any other reason? Please describe.

Please list any medications **currently or previously** used (over-the-counter or prescription):
* make sure to include any hormones (ex. birth control or hormone replacement)

Name of drug	When used	For what reason

Supplements/vitamins/herbs **currently** used:

Name of supplement	Dosage / Frequency	For what reason

Are you allergic or sensitive to any foods or substances? If so, which?

What foods do you crave? _____
Have you ever followed a restricted diet? ____ What kind?

What is your typical bedtime? _____ Average hours of sleep per night _____
Do you wake feeling rested?
How many bowel movements do you have per day? _____ Per week? _____
Is it ever difficult to move your bowels?
Are you satisfied with your energy levels? Yes Sometimes No
On a scale of 1 (low) to 10 (high), how stressful is your: Work? _____ Health status? _____
Social/family situation? _____
What would you describe as the dominant emotions in your life right now?

Please check anything you have noticed in the past year. Any issues that you had previously, but no longer have, mark with a "P"

__ Bruise easily	__ Frequent cold sores	__ Incontinence	__ Respiratory issues
__ Chemical sensitivity	__ Frequent diarrhea	__ Lyme Disease	__ Seizures
__ Chest pains	__ Frequent gas	__ Memory loss	__ Sinus infections
__ Chronic fatigue	__ Gum problems	__ Nausea	__ Shingles
__ Depression	__ Hearing issues	__ Night sweats	__ Skin rashes
__ Digestive issues	__ Heart palpitations	__ Nose bleeds	__ Swollen glands
__ Earaches	__ Heartburn/GERD	__ Numbness	__ Ringing in the ears
__ Eczema/Psoriasis	__ Low blood sugar	__ Phobias	__ Ulcers
__ Fainting	__ Poor concentration	__ Urinary tract infection	

Please list major events in the last ten years of your life and the dates they occurred (include births, deaths, marriages, divorce, accidents, moves, job changes, miscarriages, illness and anything else you feel greatly impacted your life)

Date Event

Anything else you'd like to mention?

Constitutional Checklist

This form helps me to get a picture of your overall constitution. Check everything that applies, and don't worry: checking something does not necessarily mean that something is "wrong", or needs to be treated. These are simply various indicators of your overall constitution for me to use in understanding your body better. I apologize if this form repeats questions that were asked earlier in the questionnaire.

UPPER GI
__ Sometimes nausea in mornings
__ Sometimes nausea in evenings
__ Sometimes excess salivation
__ Mouth frequently too dry
__ Duodenal ulcer
__ Stomach ulcer
__ Sometimes foul burps
__ Butterflies in stomach
__ Seldom eat breakfast
__ Often don't finish meals
__ Often eat to calm down
__ Receding gums
__ Frequent use of alcohol
__ Frequent poor appetite
__ Strong, demanding hunger
__ Bitter taste in morning
__ "Dragon breath" in morning
__ Acid indigestion at night
__ Frequent mouth or cold sores
__ Sometimes difficulty in swallowing
__ Indigestion after eating

LOWER GI
__ Stools loose with gas
__ Constipation with gas
__ Frequent constipation
__ Digestion unusually rapid
__ Loose stools when tired/stressed
__ Light colored, hard stools
__ Dark, soft stools
__ Quick defecation after eating
__ Intestines often bloated
__ Constipation with hemorrhoids
__ " w/ painful defecation
__ " w/ hard, marbly stools
__ " w/ fully formed stools
__ " " alternate w/ diarrhea
__ Frequent need for laxatives
__ Tongue often coated

LIVER
__ Dry, even scaly skin
__ Moist, sometimes oily skin
__ Hives from food or drugs
__ Hay fever or asthma
__ Craves proteins, fats
__ Craves fruit or sweets
__ Frequent trouble digesting fats
__ Acne on face AND buttocks
__ Seems to have low blood sugar
__ Had hepatitis in past
__ Frequent use of alcohol
__ Work with solvents
__ Psoriasis, eczema, dermatitis
__ Frequent minor illnesses
__ Fever w/sweat when sick
__ Don't sweat when sick

RENAL
__ Standing too quickly makes pulse roar in ears
__ Standing too quickly causes faintness, dizziness
__ Wakes up at night to urinate
__ Frequent flushing or blushing
__ Water retention with change of weather
__ Moderate high blood pressure, craves fats
__ Moderate low blood pressure, craves sweets
__ Frequent thirst
__ Craving for salt
__ Urine always light colored
__ Urine usually darker

LOWER URINARY TRACT
__ Frequent urination, small amounts
__ Infrequent urination, copious
__ Sometimes dribbles urine afterwards
__ Frequent bladder infections
__ Demanding and sudden need to urinate

__ Mucus in urine
__ Benign prostatic hypertrophy (males)
__ Dull ache after urination

GENITAL
__ Sweat freely with strong scent
__ Oily skin, facial acne
__Dry skin, cold hands and feet

__ Cycle more than 28 days
__ Cycle less than 28 days
__ Water retention before menses, hips,breasts
__ Water retention before menses, feet, hands
__ Craves fats, proteins before menses, usually
__ Craves sweets before menses, usually
__ Sides of breasts tender before menses
__ Miss some periods
__ Menses slow starting with cramps
__ Palpitations before menses
__ Menstruation lengthy, frequent cramps
__ Menstruation short, defined, few cramps
__ Frequent Class II Pap Smears
__ History of PID, cervicitis
__ Miscarriages, problem pregnancy
__ Period early w/altitude change
__ Period late w/altitude change
__ Tried, but couldn't handle birth control pills
__ Frequent candida/type infections.

__ Frequent cannabis user
__ Pain or ache after orgasm
__ Benign prostatic hypertrophy
__ Difficult maintaining erection even if you feel in the mood

RESPIRATORY
__Shortness of breath when standing or walking
__Tobacco smoker
__ Easy coughing of mucus
__Difficulty swallowing mucus
__Rapid, shallow breather
__Sometimes wake up choking or gasping for breath
__Yawns frequently
__ Sometimes hyperventilates
__Frequent chest colds

CARDIOVASCULAR
__ Slow, strong pulse
__Fast, light pulse
__ Frequent physical activity
__ Warm bodied
__Cold bodied
__Sometimes dizzy or faint
__ Hands warm, sweaty
__Hands cold, clammy or dry
__ Palpitations either as an adolescent or before menses
__ Hypertension, responds to diuretics
__Hypertension, not responding to diuretic

LYMPHATIC
__ Recuperates quickly if ill
__Recuperates slowly if ill
__ Injuries heal quickly
__Injuries heal slowly
__Eczema, dermatitis
__Asthma or hay fever
__Arthritis or rheumatism
__ Digests fats easily
__Digests fats poorly

SKIN
__ Skin eruptions superficial, come to a head
__Skin eruptions deep, not coming to a head
__Skin on trunk is dry
__ Oily scalp or hair
__Dry scalp or hair
__Cracks, fissures on heel, feet, slow healing

MUCUS
__Sores, cracks, on mouth, anus, vagina
__Lips often dry, chapped
__Food often causes intestinal pain passing through
__Gets sore throat easily