PALM BEACH
NUTRITION & WELLNESS

Kim Butler
CNC, CNHP
Natural Health Counselor

CLIENT INFORMATION FORM

Name: ____ Date: ______________

Street Address: ____

City: ____ State: ________ Zip: _____________

Phone: (Home) ___________________________ (Cell) ___________________________

Email: ____

Gender: ☐M / ☐ F Ethnic Group: ______________ Marital Status: ________________

Date of Birth: _____/_____/_____ Place of Birth: __________________________________

Have any of the following affected your life recently?

☐ Loss of job ☐ New Job ☐ Death of loved one ☐ Relocated recently
☐ New car/office/ home (environmental stress) ☐ Other emotional trauma

Do you have structural stress (such as back problems) and have or are seeking support from a Chiropractor?

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How much water do you consume daily? Is it from the tap or purified?

____

How often do you exercise and what type of exercise?

____

____

What nutritional supplements or medications are you currently taking?

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Have you ever been diagnosed with any diseases, disorders or syndromes?
If so, please list below or explain.

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Please list any health concerns that you would like to address.

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