

Health Questionnaire

Name: _____

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Height _____ Weight _____

Medical History:

Names and dates of past ailments, prior surgeries, any current illness being treated for? Any health complaints/symptoms? On any medication?

Do you use any supplements??

Eating Habits

Do you eat breakfast?

Do you snack between meals?

Do you wake up during the night to eat?

Do you overeat at mealtime?

Do you snack between your meals?

Do you crave sugar, starches, carbs, sweets?

Are you following any special diet now?

What time do you get to bed?

What time do you wake up?

Do you feel rested after a good night's sleep?

How often do you exercise?

How do you feel after you exercise, energized, exhausted or winded?

Tobacco Use

Do you smoke tobacco? _____

If so for how many years?

Alcohol Consumption

Do you drink alcohol? How often?

Beverages:

How much water do you drink daily?

What other beverages do you drink daily?

- | | | | |
|--------------------------|-------------|--------------------------------|----------------------|
| <input type="checkbox"/> | Soda | How many bottles much per day? | <input type="text"/> |
| <input type="checkbox"/> | Coffee | Number of cups per day? | <input type="text"/> |
| <input type="checkbox"/> | Tea | Number of cups per day? | <input type="text"/> |
| <input type="checkbox"/> | Fruit juice | Type and amount each day? | <input type="text"/> |
| <input type="checkbox"/> | Milk | Amount per day? | <input type="text"/> |
| <input type="checkbox"/> | Other | Type and amount? | <input type="text"/> |

Do you eat desserts, candy or other sweets regularly?

Do you have any food allergies...wheat, gluten, soy, eggs, lactose???

Disclaimer:

I agree to allow Connie Pridgen, CNC, who is Certified in the field of Nutrition and Wellness, aka Messenger of Health, to design a weight control and/or supplementation program for myself in the quest to enhance my personal health and well-being. I will follow the program to the best of my ability and will not hold Connie Pridgen, CNC, liable for any problems, illnesses, injuries that may occur due to a sudden change in my eating, or addition of supplementation or exercising habits. I understand that Connie Pridgen, CNC, is not a doctor but Certified in the field of Nutrition and Wellness and Clinician with Sabre

Sciences. The weight control program does not replace the expert advice or medical treatment of my own physician. I have answered all the questions regarding my personal health, including any medications and supplements that I either currently am taking or have taken in the past in the above Health and Wellness Questionnaire.

Please indicate that you understand that this questionnaire and the educational information given in this consultation is not intended to diagnose or to treat any disease, ailments or abnormality, and that it serves as background information in order to ADVISE you on a healthier lifestyle according to your condition.

I understand and have read the disclaimer: YES NO

Your Order is			
Item	Unit Price	Qty	Total
Initial in-person or 25 minute telephone nutrition consult.	\$45.00	1	\$45.00

Disclosure statement:

These statements have not been evaluated by the FDA. These products are not intended to diagnose, treat, cure or prevent any disease. All products and prices may not be available for shipping to all locations.

Both Sabre Sciences Saliva and/or Urine Test kits can be ordered and added to your protocol at any time and are not part of your initial consult fee.

Please keep in mind: Sabre Saliva and/or Urine test kits cannot be sold or shipped to NY residents.