

Evelin E.F. Saxinger, ND, ACH

5435 Barrister Place
Alexandria, VA 22304

(571) 232-2737
evelin@blueprints4change.com

CLIENT INFORMATION FORM

Name _____ Sex _____ Date ____/____/____

Address _____

Telephone _____ (day) _____ (evening)

Email _____

Birthdate ____/____/____ Weight _____ lbs Height ____ ft ____ in Age _____

Single ____ Married ____ Widowed ____ Divorced ____

Occupation _____

Concern (Please rank by priority)	Onset	Frequency	Severity
Example: Headaches	June 1998	4 times/wk	mild/mod/severe
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

What are your goals for this session? _____

Family Health History

Do you have any concerns that you feel may impact your own health and wellness?

Operations

What	When
_____	_____
_____	_____
_____	_____

Injuries

What	When
_____	_____
_____	_____
_____	_____

What are the major stressors in your life?

Tobacco

Never used Smoked from age _____ to _____. _____ packs per day.

Alcohol

Never used Estimated drinks per day _____

Caffeine

Don't use Estimated amount per day _____

Other Drugs

Never used Frequency _____

What Medications are you taking now? Why? (Include prescription and over-the-counter drugs)

Allergic Reaction to Medications

Medication	Reaction/Intolerances
_____	_____
_____	_____
_____	_____

What Vitamins/Mineral/Supplements are you taking now? Why?

Current Emotional Problems (Phobias, depression, panic, obsessions, etc.) _____

Nutrition Evaluation

Please describe your typical diet:

Breakfast _____

Lunch _____

Dinner _____

Snacks _____

Do you eat when upset, worried, sad, lonely? Yes No

Do you eat when in a rush? Yes No

Do you skip meals? Yes No

Breakfast

Lunch

Dinner

How many glasses of fluids (water, juice) do you drink a day? _____

How many sodas do you drink a day? _____

How many servings of fruit do you eat/drink each day? _____

(Serving = 1 small piece fruit, ½ cup juice, ½ cup canned or chopped fruit, ¼ cup dried fruit)

How many servings of vegetables do you consume each day? _____

(Serving = ½ cup raw or cooked vegetables, 1 cup fresh, green leafy vegetables, ¼ cup dried vegetables, or 1 small piece)

Are you currently on a special diet? If so, please describe: _____

What type of oil or spreads do you add to your food? _____

How would you describe your relationship with food? _____

Rate your activity level Inactive Slightly Active Moderately Active Very Active

Has your weight changed in the past year? Yes No If yes, how much? _____

Current Weight _____ Weight 1 year ago (approx.) _____ 5 years ago _____

AGREEMENT & UNDERSTANDING PRIOR TO CONSULTATION

Prior to retaining the services of Evelin Saxinger, I certify that I clearly understand the following:

I understand that Evelin Saxinger is not providing medical services. I will not consider anything she says to substitute in any way for consultation, diagnosis and treatment by a licensed primary health care provider such as an M.D.

Evelin Saxinger is not a licensed medical doctor (M.D.) or licensed primary health care provider. She does not diagnose, prescribe, or treat symptoms, defect, injury or disease. This appointment is for educational purposes only. If I want medical advice or treatment, Evelin Saxinger encourages me to consult with a licensed primary health care provider.

I consult with Evelin Saxinger in her capacity as an educator and holistic health counselor who conveys self-help information that people can use to increase their own health and well-being. I affirm my right to self-health and I take full responsibility for my healing process. I understand that Evelin Saxinger's sole intention is to offer to me general educational information I request. If I choose to use this information to work on myself then I affirm that the responsibility is mine.

I understand Evelin Saxinger to state one should never use her information in any way that contradicts, conflicts, or opposes a course of treatment recommended by a primary health care provider such as a licensed medical doctor. If I ever perceive or feel that information or recommendations given by Evelin Saxinger opposes a licensed doctor's treatment or recommendation, Evelin Saxinger strongly advises me to follow the advice and instruction of my licensed primary health care provider.

I state that I come to Evelin Saxinger with purity of purpose of seeking more information. If I am a member of the AMA, FDA or a law enforcement agency, or any city, county, state, or federal regulatory agency, then I will identify myself as such before the appointment begins.

I, the undersigned, do hereby voluntarily state that I understand and acknowledge as accurate all of the above comments.

Signature: _____

Date: _____

Name: _____

Address: _____

Telephone: _____ (home)

_____ (work)

Email: _____