

Lymphatic Health Institute

805-954-3019

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Work # _____ Cell# _____

E-Mail _____ Occupation _____

DOB _____ Referred By _____

Pace Maker Heart Condition/Disease Cancer Acute Infectious Disease

Implants/Pins/Staples/Metal Plates

What is your main complaint or area of interest?

Family History (check all that apply):

Stroke _____

Heart Disease _____

Diabetes _____

High BP _____

Weight Problems _____

Depression _____

Ulcer _____

Arthritis (RA or QA) _____

Psoriasis _____

Glaucoma _____

Cancer _____ Type? _____

Family Side: ♀ _____ ♂ _____

Personal History (check all that apply)

Arthritis RA OA Stroke High Cholesterol How High? _____ High Blood Pressure How High? _____ Diabetes Metabolic Syndrome Insulin Resistance Low Blood Sugar Chronic Fatigue Fibromyalgia Multiple Chemical Sensitivities Infectious Mononucleosis Frequent Colds/Flu Herpes/ HPV Cold Sores <i>Cancer</i> <i>What type? _____</i> Chemo? _____ Rads? Steroids? Surgeries What type? _____	Thyroid Problems Hypothyroidism Hyperthyroidism Headaches Chronic Tension Migraines Cluster Hormonal Food Allergies To What? _____ Seasonal Allergies To What? _____ Medication Allergies To What? _____ Sleep Problems Forgetfulness Hot Flashes PMS Birth Control Pills/ Hormones Weight Problems Constipation Diarrhea Abdominal Cramping/ Bloating Yeast Infections Low Libido Ulcers
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What Medications and Dosages are you taking? List all please:

What Vitamins and herbal supplements are you taking? List all please:

Do you eat, drink, or use (circle all that apply)

Antacids	Protein Drinks	Appetite Suppressants
Aspirin	Alcohol	Coffee
Tylenol	Tap Water	Decaf Coffee
Ibuprofen	Bottled Water	Diet Soda
Laxatives	Tea	Soda
Refined Sugars	Candy	White Bread
Margarine	Butter	Fast Foods
Chewing Gum	Fried Food	Chips
Salt (w/out tasting)	Tobacco	Cigarettes
Artificial Sweeteners (Blue, Pink, Yellow)		Coffee Creamers

List any food aversions and/or foods you dislike:

Do you get noticeably irritated, weak, or lightheaded if you haven't eaten in a while?

Do you crave certain foods? _____ What foods? Sweets? Chocolate?

Bread/Pasta? Fried Foods? Alcoholic drinks? Sodas/Diet Sodas? Meat? Other?

Are you:

Under excessive amounts of stress _____ at home _____ at work _____

Physical Stress _____

Mental Stress _____

Exposed to chemicals regularly _____ Type _____

Exposed to smoke regularly _____

How often do you have bowel movements? _____per day/ week/ month

Urinate? _____ per day

How is your dental health? Prone to Cavities? Gum Disease? Bleeding Gums?

Are your nails weak or brittle?

Average Sleep per night?

Any sleeping problems?

To what extent will you commit to achieving better health?

Little_____ Moderate _____ Major_____ Extreme_____

Is there anything else about either your history or your current condition that you feel is important to mention?

Disclaimer of Liability

Lymphatic Health Institute

Sonia Baker is not a physician or psychologist, and the scope of his/her services does not include treatment or diagnosis of specific illnesses or disorders. If you, the client, suspect you may have an ailment or illness that may require medical attention, then you are encouraged to consult with a licensed physician without delay. Only a licensed physician can prescribe drugs. Any mention of drugs during consultation is only for providing a complete history of drugs that the client is taking and not to judge the appropriateness of the medication. Any change in prescription or dosage is a decision the client makes with his or her physician. Rather than dealing with treatment of disease, **Sonia** focuses on wellness and prevention of illness using non-toxic, natural nutritional therapies to achieve optimal health. As a certified clinical lymphatic practitioner/nurse, **Sonia** educates and motivates clients to assume more personal responsibility for their health by adopting a healthy attitude, lifestyle, and diet.

While people generally experience greater health and wellness because of embracing a healthier attitude, lifestyle, and diet, **Sonia Baker** does not promise or guarantee protection from future illness.

By signing below, you acknowledge that you understand that **Sonia Baker** is a health consultant and not a physician, and that you should see a doctor if you think you have a medical condition. **Sonia Baker** will not be held liable for failure to diagnose or treat an illness, nor will she be liable for failure to prevent future illness.

Additionally, you promise to give **Sonia Baker** a complete and accurate account of any medical conditions that you may have and any medications that you are taking.

Client's Signature _____ Date _____

PHOTO CONSENT

I _____,

consent to having Photographs and/or videos taken before & after the procedure being performed on me by Sonia Baker MLDT/Nurse.

I understand that these photographs and/or videos can be used in any way

The lymphatic Health Institute sees fit for procedure or promotional

purposes which includes, but is not limited to the website www.lhi.life

<https://www.facebook.com/thelymphatichealthinstitute/> ads and seminars

where Sonia Baker presents. I understand that my name will not be used.

Patient

Signature _____

Date _____

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