



**805-640-5770 | Fill out form, save, and print or email to [info@lhi.life](mailto:info@lhi.life)**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Work #** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**E-Mail** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Referred By** \_\_\_\_\_

**Check any that apply:**

- ☐ Pacemaker
- ☐ Heart Condition/Disease
- ☐ Cancer
- ☐ Acute Infectious Disease
- ☐ Implants
- ☐ Pins
- ☐ Staples
- ☐ Metal Plates

**What is your main complaint or health issues?**

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**Personal History (check all that apply)**

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

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**What supplements are you taking?**

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**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? Sleeping issues?**

\_\_\_\_\_

**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 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 \_\_\_\_\_