Lymphatic Health Institute

805-640-5770 | Fill out form, save, and print or email to 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?

_____

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 ☐ Cancer: What type? _____ Chemo?_____ Rads?_____ ☐ Steriods ☐ 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

What Medications are you taking?

What supplements are you taking?

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 week 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_____