

Total Healthy Lifestyle

New Client Information Form

Please complete the fields below. ALL INFORMATION YOU GIVE IS CONFIDENTIAL.

Last Name: _____ First Name: _____ Middle: _____

Cell Phone: _____ Work Phone: _____

Date of Birth: ____/____/____ Age: ____ Sex: Male Female

Email: _____ Home Phone: _____

Street Address: _____

City: _____ State: ____ Zip: _____

Referred By: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Please complete the questions below as best you can and bring the completed questionnaire with you to your appointment. If you prefer, you may also send it in advance by fax or email.

Email: TotalHealthyLifestyle@gmail.com

Fax: (949) 258-5623

Questionnaire

Date: _____

All information you give is confidential.

Name: _____

1-What are your current concerns about your health? _____

2- In each column list **significant** illnesses, chronic health conditions, surgeries, head injuries and traumatic events (physical, emotional) in each age group in order of occurrence. (You can use the other side if needed.)

Birth-6 yrs.	Age 7-13	Age 14-23	Age 24-35	Age 36- 49	Age 50-65	Age 66-78	Age 79+

For some questions below you will either circle answer or state Yes or No and give detail for your problem areas.

3- What time of the day do your symptoms get worse? Does anything make them better?

4- Do you sleep well? Have good energy? Good appetite? Do you exercise?

5- In general do you prefer drinks cold or at room temperature? Do you get thirsty easily?

6- Do you feel better in cold or warm weather? Do you get cold or hot easily?

7- Are you allergic to anything? What do you crave the most- salty, sweet, sour or spicy foods?

8- Any reactions to vaccinations- swelling/pain at injection site, rash, low grade temp, fever, illness?

9- Have you ever been treated for skin disorders?

10-List medications and why you take them.

11- Any problems with your teeth? Do you have any root canals? Silver fillings? Implants?

12-What is causing the most stress in your life right now?

13- How do you cope with grief or stress? What emotion surfaces when sick or emotionally upset?

14- What chronic illnesses run in your family (siblings, parents, aunts, uncles and grandparents)?

Checklist of current and past symptoms: Check the box next to all appropriate symptoms. Mark with an "X" for present symptoms, and/or a "P" for in the past, and include the approximate year if in the past.

- Loose ligaments
- Stretched ligaments
- Flat feet
- Bone spurs
- Hernia
- Weak/thin connective tissue (skin)
- Hard or swollen lymph glands
- Warts
- Bone broken or fractured
- Blood thin
- Blood thick
- Nose bleeds
- Anemia
- Allergies
- Eczema
- Quickly exhausted
- Crave smoked food or spicy food
- Crave salt
- Sudden sweating
- White sweaty marks on clothes under arms
- Drink a lot of soft drink or alcohol
- Tingling or numbness in arms or legs
- Calf cramps
- Painful bones with weather changes
- Diarrhea or constipation
- Bruising with slightest knock
- Varicose or spider veins
- Weakened immune system
- Poor concentration or memory
- Cold hands and feet
- Coldness along spine
- Constantly feel cold (full body, can't get warm)
- Muscles ache
- Nasal inflammation
- Coughing
- Catarrhs (thick white/grey secretions)
- Catarrhs (thick yellow secretions)
- Ear / eye infections
- Conjunctivitis
- Bladder / kidney / gallbladder infections
- Bladder / kidney / gallbladder stones
- Pale colored stools (lack of bile)
- Eats fatty rich foods
- Depression / anxiety / sorrow
- Grumpiness / irritable
- Sleepiness / insomnia
- Heart palpitations
- Hair loss
- Fear without reason
- Shingles (virus – painful rash)
- Asthma
- Rattling phlegm in chest with no cough
- Liver problems or infection
- Psoriasis
- Stomach cramp / colic
- Crave chocolate
- Bite nails and spit out
- Bite nails and eat them
- Muscle / nerve / face twitching
- Excessive moisture or dryness in skin
- Itchy skin
- Edema (swellings of the skin)
- Dry or watery eyes
- Lip blisters (cold sores)
- Runny nose (watery)
- Loss of appetite
- Loss of taste or smell
- Headaches / migraines
- Fungal skin infections
- Very thirsty
- Mucus covered stools
- Sore making sweats on the hands or armpits
- Digestive complaints
- Acid reflux / heartburn / indigestion
- Excessive flatulence (no smell)
- Flatulence (rotten egg smell)
- Gout (painful joint inflammation)
- Skin rashes-blisters with honey colored matter
- Sciatica
- Jaundice (yellow color to the skin)
- Intestinal worms
- Cravings for candies or cakes
- Burning when urinating
- Mood swings
- Joints crack with movement
- Flu
- Moist clammy skin
- Lack of energy during humid weather
- Puffy calf muscles
- Stinky sweaty feet
- Sweaty head or neck
- Hemorrhoids
- Sticky tear duct
- Bone or teeth decay
- Corns or calluses
- Degeneration of cartilage of joints
- Shin splints
- Tendonitis
- Acne
- Grinding sound when turning neck
- Taut shiny skin around the shins
- Abscesses
- Hay fever
- Bladder urgency

- Tonsillitis
- Bronchitis
- Cracked heels
- Milk / dairy intolerance
- PMS
- Bloating
- High or low blood pressure
- Stroke / thrombosis / aneurysm
- Heart disease
- Cholesterol high or low
- Chronic fatigue / Fibromyalgia
- Ross river virus
- Glandular fever
- Irritable bowel syndrome
- Whiplash
- Sciatica
- Coccyx pain
- Prolapsed or herniated discs
- Spinal surgery / laminectomy / fusion
- Frozen shoulder
- Tennis elbow
- R.S.I (Repetitive Stress)
- Knee problems
- Osteoporosis
- Arthritis
- Hip / knee or shoulder replacement surgery
- Diabetes type 1
- Diabetes type 2
- Neurological disorders
- Diet good 80% of the time
- Diet good 50% of the time
- Diet not good
- Contraceptive Pill or other type

Agreement for Adjunctive Health Care with Homeopathy by Jennifer Brandolino, RN, CiHom

Client, _____, hereby retains Jennifer Brandolino, RN, CiHom as a homeopathic practitioner. Jennifer IS NOT a medical doctor. Detailed biographical information about Jennifer Brandolino is available at: www.TotalHealthyLifestyle.com

Homeopathic care is legal in the state of California according to sections 2053.5 and 2053.6 of California's Business and Professions Code, as long as accurate professional disclosure is provided and as long as the practitioner does not prescribe controlled drugs, perform surgery, or use invasive diagnostic procedures.

Client understands that Jennifer DOES NOT treat diseases, she recommends homeopathics, flower essences and cell salts that are complementary to the medical treatment the client is already receiving from their health care practitioner. These are natural remedies that help strengthen the client's overall constitution to enhance healing. *They do not interact with any medications or treatments because they do not act at the biochemical level. They act in the subtle communication pathways that influence every cell in our body. THEY ARE NOT TO BE USED IN PLACE OF MEDICAL CARE.* Although some medical treatments can reduce some of the benefits provided from these, Jennifer will *never* recommend to any client to reduce or stop the use of a conventional medication or treatment but instead recommend that any concerns regarding this always be discussed with their physician.

Homeopathy works by healing from the inside out. In choosing this homeopathic approach, client realizes that some symptoms of discomfort may arise; such as a rash, diarrhea, nose discharges, perspiration may smell stronger or emotional "discharging" such as anger or grief that has been suppressed in the past may surface. These are not side effects but a detoxifying effect as the body is working to get rid of toxic conditions that have been slowing down healing. Some people may experience symptoms they had years ago but not at the same intensity or duration. It is best not to suppress these symptoms as they are generally temporary. If they do occur, stop taking the remedy and email Jennifer so that she can adjust the dose and frequency of remedy. Jennifer utilizes a "water dosing" technique that can mostly or fully reduce the possibilities of such temporary discomforts.

In order to maximize the benefit received from this work, client agrees to complete the questionnaires that address health history and current health status, **make a note of both subtle and significant changes in mood, energy, sleep or any physical symptoms that arise**, communicate to Jennifer any sudden changes client is experiencing (both positive and negative) and seek medical treatment and/or emergency medical services if any symptoms warrant it.

It is highly recommended that you allow a period of 3-4 months to evaluate the benefits of the recommendations given. Although many experience benefits from the 1st or 2nd remedy recommendations expecting quick results in every situation may become disappointing especially when symptoms have been experienced for a long period of time.

This agreement shall remain in effect until terminated by notice from either party to the other.

Client

Date

Jennifer Brandolino, RN, CiHom

Date