

CLIENT INFORMATION RECORD (All information confidential)

Clinic testing (in person): Please bring this completed form and your medications with you to your first appointment.

Hair sample testing: Please send this completed form with your hair sample and cheque made payable to 'The Health Detectives'. Post to: The Health Detectives, The Ark, 11 Quay Street, Haverfordwest, Pembrokeshire SA61 1BG, UK.

Name

	D.O.B.	
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Address

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Postcode Occupation

Tel. home Tel. mobile/work

Email

Height & weight Hobbies

Do you have any children? No Yes – what age range?

G.P. name and address

How did you hear about us?

1. Main health issues and problems now:

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2. Previous/other illness/accidents/surgery that you have had:

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3. Your thoughts and hunches on possible factors linked to your health issues:

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4. List any medications (and supplements) you are currently using and their intended function:

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Please bring your medications, inhalers and supplements with you to each session, or if sending a hair sample, include a sample of each substance, marked and separately wrapped.

5. What is your daily *water* intake? (not including fruit juice, soft drinks, herbal tea, tea, coffee, alcohol)
 2 litres 1 litre 500 ml Less

6. Briefly describe your diet:

7. Are your bowel movements: Daily More than daily Less than daily

8. On a scale of 1-10 what is your daily energy level:

9. Do you sleep well: Yes No – why not?

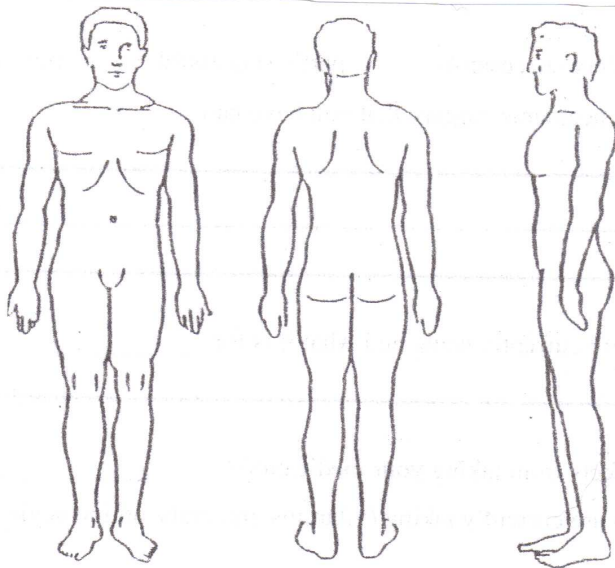
10. Do you smoke cigarettes? No Yes – how many?

If you are female:

11. Are you pregnant? No Yes – how advanced?

12. Menstrual cycle: regular irregular painful heavy menopausal

13. If relevant, please indicate on the diagrams below your main problem area(s):



14. Other comments:

Do we have your permission to write to your doctor and inform them that you are receiving treatment with us?
 Yes No

Would you like to receive our free e-newsletter? Yes No

Signed:

Date: