

Patti Knobbe

*Board Certified Naturopathic Doctor
Master Herbalist
Master Iridologist*

Client Intake Form

* If you chose to do the pH assessments ... for best results, please do not eat 2 hours prior to the Whole Body Wellness Assessment appointment. We will be taking a urine analysis at the beginning of the appointment. Sipping on water before hand is allowed.

Name _____ DOB _____

Address _____

Telephone _____ Email: _____

Reason for visit (prioritized)

1. _____

2. _____

3. _____

Nutritional data:

How many ounces of water/day? _____ What kind? _____

What other beverages and how much? _____

Do you use artificial sweeteners? _____ If so, which ones? _____

How often and in what? _____

Do you eat breakfast? _____ IF so, what? _____

How much of the following do you consume? (example 1D=1/day, 2W=2/week, 3M=3/month)

Fresh fruit _____ Raw vegetables _____ Fermented foods _____

Fast foods _____ Meat _____ Eggs _____ Dairy _____

What do you crave? _____

What foods do you dislike the most? _____

Why? _____

Timing:

What is the first thing you do when you get up in the morning? _____

What time do you eat your first meal? _____ Last meal? _____

Which meal is your largest of the day? _____

Describe a typical "largest meal" _____

Movement:

Do you exercise/move/participate in fun sweaty activity? If so, what and how often?

Do you look forward to it? _____

How do you feel when you are finished? _____

Sleep:

What time do you go to bed? _____ How long do you sleep? _____

Do you wake often? _____ If so why and what time(s)? _____

Do you feel rested when you wake up for the day? _____

Do you have pain when you first get up? _____ If so, where? _____

Does it go away upon moving? _____

Eliminations: (see last page for the Bristol Stool Chart)

Do you have daily bowel movements? _____ If yes, how many per day? _____

If no, please describe your elimination pattern. _____

Please indicate the most descriptive number(s) of you elimination(s) using the Bristol Stool chart provided. BSC # _____ Color _____

Females:

Are you post-menopausal? _____ If yes, at what age did you enter menopause? _____

What were the characteristics of your menopausal experience?

Do you currently use Hormone Replacement (HRT) or Hormonally-based Contraception?

Are you now, or in the near future, planning to become pregnant? _____

Is your menstrual cycle regular? _____ Longer then 28 days? _____ Shorter? _____

Is your flow longer or shorter than 5 days? _____ Cramps or Clotting? _____

Would you describe the color of your menses as more red, purple, or brown?

Do you experience PMS, Cyclical headaches, or Cravings? _____

Supplements/Medications:

Do you take any supplements?_____ If so, what, how often and why?

Do you take any OTC medications routinely (such as Aleve, Aspirin, or Ibuprofen)? If so what and how often?

Do you take prescription medications (prescribed by a licensed medical professional)? If so what and how often?

Medical History:

Have you had any surgeries? If so, what and when?

Have you received any diagnoses from licensed medical professionals? If so, what and when?

Naturopathic history:

Have you ever been in consultation with a naturopath? If so, why and how long ago?

What was suggested?_____

Did you experience a good outcome?_____ What did you like about it?

What wasn't as successful for you?_____

Do you have regular adjustments with a chiropractor?_____

Do you have regular body work/massages?_____

Please circle all with which you are familiar with:

Homeopathy, Back Flowers/flower remedies, Probiotics, Aromatherapy, Muscle Response testing, Herbals, Sports nutrition, Digestive Food Enzymes

I understand that I am here to learn about nutrition and better health practices, that I will be offered information about food supplements and herbs as a guide to general good health, and this is a personal ministry and spiritual counseling, I fully understand that those who counsel me are not medical doctors and I am not here for medical diagnostic purpose or treatment procedures. I am not on this visit, or any subsequent visit, as an agent for federal, state or local agencies or on a mission of entrapment or investigation. The services performed here are at all times restricted to consultation on nutritional matters intended for the maintenance of the best possible state of natural health, and do not involve the diagnosing, treatment or prescribing of remedies for disease.

Signature: _____ Date: _____

Bristol Stool Chart

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on the surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces. Entirely Liquid