

Healthworks

NUTRITION CENTRE

MICROSCOPIC BLOOD ASSESSMENT

Name: _____ Date: _____

Address: _____
(Street)

(City) (Province/State) (PC/Zip) (Email)

Phone No. _____
(Day) (Evening) (Cell)

Occupation _____ Hours per week _____ Retired _____

Are you exposed to any work-related chemicals? _____

Date of Birth (MM/DD/YY) ____ / ____ / _____ Sex: M / F

List Current Medications (prescribed or non-prescribed):

List any Herbal/Vitamin Supplements you are currently taking:

List all other natural/conventional health care you are currently using (i.e.: chiropractic, MD, herbalist, acupuncture, massage, physiotherapy, craniosacral, traditional Chinese medicine, etc.)

What major health problems have you had in the past? Give dates wherever possible.

What are your *current* health concerns? Which of these concerns is most immediate to you?

Any recent or drastic weight change? _____

Have you ever done any yeast/liver/colon/kidney cleanses? Specify which _____

Describe what you typically eat and drink for the following:

Breakfast:

Lunch:

Supper:

Snacks:

Do you have any allergies: foods, animals, dust, pollen, etc.?

Have you ever been on antibiotics? Y/N More than four times in your life? Y/N

Have you ever had surgery? Y / N

If yes, for what? _____

Are you a coffee drinker? Y/N If yes, how much? (per day) _____

Are you a pop/soda drinker? Y/N If yes, how much? (per day) _____

How often do you drink: wine _____ beer _____ other alcohol _____, per week?

Do you smoke? Y / N If yes, how much? (per day) _____

How much do you exercise? (per week) _____

Please circle the type of water you drink below. How much per day? _____

Distilled

Filtered

Spring

Well

Tap

Reverse Osmosis

How often do you have bowel movements? _____

Is your energy level: Good / Fair / Poor ?

CONSENT AND ACKNOWLEDGMENT

I, the undersigned, hereby understand and acknowledge that Grant M. Derkatz is not a medical practitioner and in particular that he:

- A) does not hold himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition;
- B) does not offer or undertake by any means or methods to diagnose, treat, operate, prescribe for any human disease, pain, injury, disability or physical condition, and;
- C) cannot and will not give medical advice.

I, the undersigned, hereby confirm and acknowledge:

- A) all information from, or communication with, Grant M. Derkatz are at my own request, with full knowledge of the above particulars, and;
- B) no guarantees have been made to me concerning the results that may be obtained as a result of my consultation with Grant M. Derkatz.

Dated this _____ day of _____, 20____.

Signature

(Please print name)

Parent/Guardian Signature (If under 18 years old)

The use of any recording devices is strictly prohibited WITHOUT the express written consent of Healthworks Nutrition Centre.