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new client questionnaire

(abbreviated)

name: _____ birth date: _____ date: _____
address: _____ marital status: S / M
phone h: _____ ages of children: _____
w: _____ occupation: _____
c: _____ employer: _____
e-mail: _____ # hours/week: _____

emergency contact:

relationship to you:

h:

c:

w:

current healthcare practitioners

name	title	phone	reason for seeing her/him	permission to contact?
				Y / N
				Y / N
				Y / N

height: _____ blood pressure: _____

weight: _____ blood type: A B AB O don't know

Are you currently pregnant? Y / N

Are you currently breastfeeding? Y / N

Do you have any allergies? Y / N (please list)

How did you hear about
the AE Cleanse? _____