

Nutrition Questionnaire

PLEASE PRINT USING BLACK OR BLUE INK ONLY

Please circle Yes/No responses or print answers (where applicable)

Administrative Information

Name: _____ Date: _____

How did you learn of our services? _____

Circle: Male or Female Birth Date: ___/___/___ Age: _____

Address: _____ City: _____ Zip: _____

Phone: (to reach you or leave message:) Day ___/___/___ Evening ___/___/___

Email: _____

Occupation: _____ Circle: Married or Single #of Children _____

Emergency Contact Name: _____ Phone # _____

Drivers License #: _____ Exp Date: _____

Height: _____ Weight: _____ Ideal weight: _____ Frame size: Small Medium Large (please circle)

Physician or Healthcare Provider Name: _____ Phone # _____

General Health Questions

Medical diagnosis: _____

If you are currently being treated for a specific condition (s) please list: _____

Have you ever had major surgery (include dates): _____

When was your last colonoscopy or sigmoidoscopy? _____

If you had the above procedure what were the results? _____

List medications you are currently taking and what they are for: _____

Please list all supplements you currently take and for what conditions:

What is your Health or Nutrition Goal?

1. _____
2. _____
3. _____

Do you suffer from allergies? Yes or No

List any allergies to medications: _____

List any allergies to food: _____

List any environmental allergies (smog, hay fever): _____

What is your doctor treating you for? _____

Tests (given in the last year) _____

List all Operations: _____

Names of other health professionals you are working with and their specialty: _____

How long has it been since you have felt your best? _____

Will your family or significant other be supportive of you in this program? _____

What is your heritage? (Irish, German, Spanish, etc. _____

Food Sensitivities

Do you react to any of the following? Please check all that apply.

- | | | | |
|--|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> wheat | <input type="checkbox"/> gluten | <input type="checkbox"/> alcohol | <input type="checkbox"/> soy |
| <input type="checkbox"/> aloe vera | <input type="checkbox"/> rice | <input type="checkbox"/> potatoes | <input type="checkbox"/> tomatoes |
| <input type="checkbox"/> milk | <input type="checkbox"/> cheese | <input type="checkbox"/> yogurt | <input type="checkbox"/> honey |
| <input type="checkbox"/> broccoli | <input type="checkbox"/> barely | <input type="checkbox"/> green drinks | <input type="checkbox"/> agave |
| <input type="checkbox"/> sweet and low | <input type="checkbox"/> monosodium glutamate | <input type="checkbox"/> meat | <input type="checkbox"/> chicken |

Ability to Detoxify

- How many meals (including snacks) do you eat a day? _____
- Do you frequently skip meals? Yes / No
- If yes, what meal do you skip? _____
- Are you diabetic? Y or N Are you hypoglycemic: Y or N
- Are you anemic? Y or N B 12 deficient? Y or N
- How many bowel movements do you have on an average day? 0 1 2 3 4 5 6 or more
- Do you need to strain? Y or N Do you have odor? Y or N
- Are stools generally; hard, soft, loose, pencil thin, look like bananas, liquid, dark brown, medium brown, light in color, green? Circle answer
- How many ounces do you consume per day? Water: ___ Caffeine: ___ Alcohol: ___
- How many hours do you exercise per week? _____
- Describe exercise? _____
- Do you travel outside the U.S.? Yes / No
- If yes where have you traveled? _____
- Have you ever had any head, neck, back pain or injuries? Yes / No
- If yes, please describe: _____

- Describe any believed exposure(s) to environmental and/or chemical toxins:
 - _____
 - _____
 - _____
 - _____

- What vaccines have you had? _____
- Do you smoke? Y or N If yes, how many times per day? _____

Dental and Airway Questions

- Have you had a root canal? Yes / No
- If yes, how many and when? _____
- Have you had any teeth extracted, including wisdom teeth? Yes / No
- If yes, when? _____
- Do you have a dental bridge in your mouth? Yes / No
- If yes, what materials were used? _____
- Do you have fillings? Yes / No
- If yes, how many and what materials were used? _____

- Do you currently have or have you ever had braces? Yes / No
- Do you use a dental splint? Yes / No
- If yes, what material is used? _____
- Do you have TMJ (jaw problems)? Yes / No

- If yes, please describe: _____
- Do you snore? Yes / No
- Are your teeth sensitive to hot and cold? Yes / No
- Do you have a tooth or gum infection? Yes / No
- Do you have breathing problems or feel you can't breathe deeply? Yes / No
- Do you have sleep apnea? Yes / No
- Are you wearing a sleep appliance or CPAP?
- Do you grind your teeth? Yes / No
- Are you currently getting treatments from a cranial TMJ specialist or Chiropractor?
- Does your dentist use ozonated gas or water?

Signature: _____ Date ____/____/____

Signature of Guardian if applicable: _____ Date: ____/____/____

Name: _____ Age: _____ Sex: _____ Date: _____

PART I

Please list your 5 major health concerns in your order of importance:

1. _____
2. _____
3. _____
4. _____
5. _____

PART II

Please circle the appropriate number “0 – 3” on all questions below.

0 as the least/never to 3 as the most/always

Category I		Category IV	
Feeling that bowels do not empty completely	0 1 2 3	Roughage and fiber cause constipation	0 1 2 3
Lower abdominal pain relief by passing stool or gas	0 1 2 3	Indigestion and fullness lasts 2-4 hours after eating	0 1 2 3
Alternating constipation and diarrhea	0 1 2 3	Pain, tenderness, soreness on left side under rib cage and/or bloated	0 1 2 3
Diarrhea	0 1 2 3	Excessive passage of gas	0 1 2 3
Constipation	0 1 2 3	Nausea and/or vomiting	0 1 2 3
Hard dry or small stool	0 1 2 3	Stool undigested, foul-smelling, mucous-like, greasy or poorly formed	0 1 2 3
Coated tongue or “fuzzy” debris on tongue	0 1 2 3	Frequent urination	0 1 2 3
Pass large amount of foul-smelling gas	0 1 2 3	Increased thirst and appetite	0 1 2 3
More than 3 bowel movements daily	0 1 2 3	Difficulty losing weight	0 1 2 3
Use laxatives frequently	0 1 2 3		
Category II		Category V	
Excessive belching burping or bloating	0 1 2 3	Greasy or high fat foods cause distress	0 1 2 3
Gas immediately following a meal	0 1 2 3	Lower bowel gas and/or bloating several hours after eating	0 1 2 3
Offensive breath	0 1 2 3	Bitter metallic taste in mouth, especially in the morning	0 1 2 3
Difficult bowel movements	0 1 2 3	Unexplained itchy skin	0 1 2 3
Sense of fullness during and after meals	0 1 2 3	Yellowish cast to eyes	0 1 2 3
Difficulty digesting fruits and vegetables; undigested food found in stools	0 1 2 3	Stool color alternates from clay-colored to normal brown	0 1 2 3
Category III		Reddened skin, especially palms	0 1 2 3
Stomach pain, burning or aching 1–4 hours after eating	0 1 2 3	Dry or flaky skin and/or hair	0 1 2 3
Use antacids frequently	0 1 2 3	History of gallbladder attacks or stones	0 1 2 3
Feeling hungry an hour or two after eating	0 1 2 3	Have you had your gallbladder removed?	Yes No
Heartburn when lying down or bending forward	0 1 2 3	Category VI	
Gain temporary relief after using antacids, food, milk, or carbonated beverages	0 1 2 3	Crave sweets during the day	0 1 2 3
Digestive problems subside with rest and relaxation	0 1 2 3	Irritable if meals are missed	0 1 2 3
Heartburn due to spicy foods, chocolate, citrus, peppers, alcohol and caffeine	0 1 2 3	Depend on coffee to keep yourself going or getting started	0 1 2 3
		Get lightheaded if meals are missed	0 1 2 3
		Eating relieves fatigue	0 1 2 3
		Feel shaky, jittery or have tremors	0 1 2 3
		Agitated, easily upset, nervous	0 1 2 3
		Poor memory, forgetful	0 1 2 3
		Blurred vision	0 1 2 3

PART II (cont.) **Please circle the appropriate number “0 – 3” on all questions below.**
0 as the least/never to 3 as the most/always

Category VII	
Fatigue after meals	0 1 2 3
Crave sweets during the day	0 1 2 3
Eating sweets does not relieve craving for sugar	0 1 2 3
Must have sweets after meals	0 1 2 3
Waist girth is equal to or larger than hip girth	0 1 2 3
Frequent urination	0 1 2 3
Increased thirst or appetite	0 1 2 3
Difficulty losing weight	0 1 2 3
Category VIII	
Cannot stay asleep	0 1 2 3
Crave salt	0 1 2 3
Slow starter in the morning	0 1 2 3
Afternoon fatigue	0 1 2 3
Dizziness when standing up	0 1 2 3
Afternoon headaches	0 1 2 3
Headaches with exertion or stress	0 1 2 3
Weak nails	0 1 2 3
Category IX	
Cannot fall asleep	0 1 2 3
Perspire easily	0 1 2 3
Under high amount of stress	0 1 2 3
Weight gain when under stress	0 1 2 3
Wake up tired even after 6 or more hours of sleep	0 1 2 3
Excessive perspiration or perspiration with little or no activity	0 1 2 3
Category X	
Tired, sluggish	0 1 2 3
Feel cold – hands, feet; all over	0 1 2 3
Require excessive amounts of sleep to function properly	0 1 2 3
Increase in weight gain even with a low-calorie diet	0 1 2 3
Gains weight easily	0 1 2 3
Difficult, infrequent bowel movements	0 1 2 3
Depression, lack of motivation	0 1 2 3
Morning headaches that wear off as the day progresses	0 1 2 3
Outer third of eyebrow thins	0 1 2 3
Thinning of hair on scalp, face or genitals or excessive falling hair	0 1 2 3
Dryness of skin and/or scalp	0 1 2 3
Mental sluggishness	0 1 2 3

Category XI	
Heart palpitations	0 1 2 3
Inward trembling	0 1 2 3
Increased pulse even at rest	0 1 2 3
Nervous and emotional	0 1 2 3
Insomnia	0 1 2 3
Night sweats	0 1 2 3
Difficulty gaining weight	0 1 2 3
Category XII	
Diminished sex drive	0 1 2 3
Menstrual disorders or lack of menstruation	0 1 2 3
Increased ability to eat sugars without symptoms	0 1 2 3
Category XIII	
Increased sex drive	0 1 2 3
Tolerance to sugar reduced	0 1 2 3
“Splitting” type headaches	0 1 2 3
Category XIV (Males Only)	
Urination difficulty or dribbling	0 1 2 3
Urination frequent	0 1 2 3
Pain inside of legs or heels	0 1 2 3
Feeling of incomplete bowel evacuation	0 1 2 3
Leg nervousness at night	0 1 2 3
Category XV (Males Only)	
Decrease in libido	0 1 2 3
Decrease in spontaneous morning erections	0 1 2 3
Decrease in fullness of erections	0 1 2 3
Difficulty in maintaining morning erections	0 1 2 3
Spells of mental fatigue	0 1 2 3
Inability to concentrate	0 1 2 3
Episodes of depression	0 1 2 3
Muscle soreness	0 1 2 3
Decrease in physical stamina	0 1 2 3
Unexplained weight gain	0 1 2 3
Increase in fat distribution around chest and hips	0 1 2 3
Sweating attacks	0 1 2 3
More emotional than in the past	0 1 2 3

PART II (cont.) **Please circle the appropriate number “0 – 3” on all questions below.**
0 as the least/never to 3 as the most/always

Category XVI (Menstruating Females Only)			
Are you menopausal?	Yes	No	
Alternating menstrual cycle lengths?	Yes	No	
Extended menstrual cycle, more than 32 days?	Yes	No	
Shortened menses, less than every 24 days?	Yes	No	
Pain and cramping during periods	0	1	2 3
Scanty blood flow	0	1	2 3
Heavy blood flow	0	1	2 3
Breast pain and swelling during menses	0	1	2 3
Pelvic pain during menses	0	1	2 3
Irritable and depressed during menses	0	1	2 3
Acne break out	0	1	2 3
Facial hair growth	0	1	2 3
Hair loss/thinning	0	1	2 3

Category XVII (Menopausal Females Only)			
How many years have you been menopausal?	_____		
Do you ever have uterine bleeding since menopause?	Yes	No	
Hot flashes	0	1	2 3
Mental foginess	0	1	2 3
Disinterest in sex	0	1	2 3
Mood swings	0	1	2 3
Depression	0	1	2 3
Painful intercourse	0	1	2 3
Shrinking breasts	0	1	2 3
Facial hair growth	0	1	2 3
Acne	0	1	2 3
Increased vaginal pain, dryness or itching	0	1	2 3

PART III

List the three worst foods you eat during the average week:

_____, _____, _____,

List the three healthiest foods you eat during the average week:

_____, _____, _____,

Jeri Evans Nutrition, Inc.
Daily Food & Mood Log

Date _____
 Day _____

Phone Number: 626.963.6627
E-mail: jeri@jerievansnutrition.com

Time	Amount of Food, Liquids, or Supplements Consumed	Time	Describe Physical, Mental, Emotional Symptoms and Mood*	Time	Describe Bowel Movement*

*SOME COMMON SYMPTOMS:	<p><i>Physical and Mental:</i> bloating, water retention, stomachaches, gas constipation, diarrhea, low energy, fatigue, joint pain, headaches, runny nose, postnasal drip, sleepy after eating, acidic stomach, food cravings, “brain fog”, memory, concentration</p> <p><i>Emotional:</i> happy, excited, calm, sad, anxious, weepy, angry, depressed, etc.</p> <p><i>Bowel:</i> soft, loose or firm; large, medium or small (amount); light or dark color, smelly, bad odor</p>
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JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Pg. 1

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Jeri Evans Nutrition, Inc. is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our Clients with notice of our legal duties and privacy practices with respect to your protected health information.

Disclosure of Your Health Care Information

Nutrition or Therapy

We may disclose your health information to other healthcare professionals within our practice for the purpose of Therapy, payment or healthcare operations.

Payment

Jeri Evans Nutrition, Inc. is not a licensed medical doctor, and does not practice medicine, does not treat specific diseases or medical condition. Services rendered are not covered by insurance providers for purpose of payment. The office does accept Checks, Cash, Visa, or Master Card as payment for services rendered.

As a courtesy, we will submit an itemized billing statement to you for the purpose of payment to Jeri Evans Nutrition, Inc. for Nutrition & or Therapy services rendered. The billing statement contains no medical information, and there are no codes for billing purposes.

Workers' Compensation

We may disclose your health information as necessary to comply with State Workers' Compensation Laws.

Emergencies

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

Public Health

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Pg. 2

Judicial and Administrative Proceedings.

We may disclose your health information in the course of any administrative or judicial proceeding.

Law Enforcement.

We may disclose your health information to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena, and other law enforcement purposes.

Deceased Persons.

We may disclose your health information to coroners or medical examiners.

Organ Donation.

We may disclose your health information to organizations involved in procuring, banking, or transplanting organs and tissues.

Research.

We may disclose your health information to researchers conducting research that has been approved by an Institutional Review Board.

Public Safety.

It may be necessary to disclose your health information to appropriate persons in order to prevent or lessen a serious and imminent threat to the health or safety of a particular person or to the general public.

Specialized Government Agencies.

We may disclose your health information for military, national security, prisoner and government benefits purposes.

Marketing.

We may contact you for marketing purposes or fundraising purposes, as described below: (example)

“As a courtesy to our clients, it is our policy to call you prior to your scheduled appointment to remind you of your appointment time. If you are not at home, we leave a reminder message on your answering machine or with the person answering the phone. No personal health information will be disclosed during this recording or message other than the date and time of your scheduled appointment along with a request to call our office to confirm your appointment.”

“It is our practice to participate in charitable events to raise awareness, food donations, gifts, money, etc. During these times, we may send you a letter, post card, invitation or call your home to invite you to participate in the charitable activity. We will provide you with information about the type of activity, the dates and times, and request your participation in such an event. It is not our policy to disclose any personal health information about your condition for the purpose of Jeri Evans Nutrition, Inc. sponsored fund-raising events.”

JERI EVANS NUTRITION, INC.

NOTICE OF PRIVACY PRACTICES

Change of Ownership.

In the event that Jeri Evans Nutrition, Inc. is sold or merged with another organization, your health information/record will become the property of the new owner.

Your Health Information Rights

- You have the right to request restrictions on certain uses and disclosures of your health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to the restriction that you requested.
- You have the right to have your health information received or communicated through an alternative method or sent to an alternative location other than the usual method of communication or delivery, upon your request.
- You have the right to inspect and copy your health information.
- You have a right to request that Jeri Evans Nutrition, Inc. amend your protected health information. Please be advised, however, that Jeri Evans Nutrition, Inc. is not required to agree to amend your protected health information. If your request to amend your health information has been denied, you will be provided with an explanation of our denial reason(s) and information about how you can disagree with the denial.
- You have a right to receive an accounting of disclosures of your protected health information made by Jeri Evans Nutrition, Inc.
- You have a right to a paper copy of this Notice of Privacy Practices at any time upon request.

Changes to this Notice of Privacy Practices

Jeri Evans Nutrition, Inc. reserves the right to amend this Notice of Privacy Practices at any time in the future, and will make the new provisions effective for all information that it maintains. Until such amendment is made, Jeri Evans Nutrition, Inc. is required by law to comply with this Notice.

Jeri Evans Nutrition, Inc. is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. If you have questions about any part of this notice, or if you want more information about your privacy rights, please contact: Jeri Evans by calling 626.963.6627. If Jeri Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

JERI EVANS NUTRITION, INC.
NOTICE OF PRIVACY PRACTICES

Complaints

Complaints about your Privacy rights, or how Jeri Evans Nutrition, Inc. has handled your health information should be directed to Jeri Evans by calling this office at 626.963.6627. If Jeri Evans is not available, you may make an appointment for a personal conference in person or by telephone within 2 working days.

If you are not satisfied with the manner in which this office handles your complaint, you may submit a formal complaint to:

DHHS, Office of Civil Rights
200 Independence Avenue, S.W.
Room 509F HHH Building
Washington, DC 20201

This notice is effective as of **01 / 01 / 2005**

I have read the Privacy Notice and understand my rights contained in the notice.

By way of my signature, I provide Jeri Evans Nutrition, Inc. with my authorization and consent to use and disclosed my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice

Client's Name (print)

Client's Signature



Authorized FaciliEntity Signature

Date

06 / 01 / 05

Date

The Business and Professions Code of the State of California

The following is Pursuant to State of California Senate Bill 577 Section 2053.6

***** All clients must read, understand and sign this disclosure *****

I The Nutrition Services and Intuitive Release Therapy provided by Jeri Evans Nutrition, Inc. do comply with **Section 2053.6** and **2053.5** of the Business and Professions Code of the State of California. In compliance with this code, one must be advised:

A There are NO licensed physicians in the office connected with Jeri Evans Nutrition, Inc. and the individuals performing Nutrition Consultation and/or Intuitive Release Therapy are not physicians.

This means and implies that he/she cannot and will not:

- Conduct surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
- Administer or prescribe X-Ray or radiation to another person.
- Prescribe or administer legal drugs or controlled substances to another person.
- Recommend the discontinuance of legal drugs or controlled substance prescribed by an appropriately licensed practitioner.
- Willfully diagnose & treat physical or mental condition of any person under circumstance or condition that cause or create a risk of great bodily harm, serious physical /mental illness, or death.
- Set fractures or Treat lacerations or abrasions through electrotherapy.
- Hold out, state, indicate, advertise to a client or prospective client that he/she is a physician/surgeon.

B Nutrition Consultation and Intuitive Release Therapy are alternative or complimentary to the healing arts services.

C The therapist that provides the service of Nutrition Consultation and Intuitive Release Therapy is not licensed by State of California

D All services provided by Jeri Evans Nutrition, Inc. have never been in any clinical or medical trials or studies to prove the therapies either beneficial or harmful.

II Jeri Evans's Education:

- Bachelor of Science Degree in Foods and Nutrition
- Practitioner of Past Life Therapy
- Board Certified Colon Hydrotherapist
- Certificate from the Institute of PSI Biotics

III Description of Services:

A Nutrition & Weight Management may include the following:

- Review of past and current food plans
- Discussion of nutritional deficiencies
- Reviewing client signs, symptoms, metabolism from the health histories, forms and current status
- Discussion of laboratory tests
- Discussion of diet plans
- Discuss and review supplement list
- Weight, height and body measurements
- A nutrition session may last from 15 minutes to 2 hours

B The Theory of Nutrition:

There are many reasons for poor health and weight gain. Common reasons are: genetic factors, poor eating habits, lack of exercise, medications, and an over-stressed lifestyle. Underweight or overweight conditions can also be affected by abnormal adrenal levels, parasitic infestation, heavy metal burden, yeast or bacterial overgrowth, and food allergies. These conditions may set up a toxic environment and slow down the metabolism. Jeri Evans Nutrition, Inc. provides services to reach optimal health and weight management goals through various scientific tests and diet plans.

C Intuitive Release Therapy:

The client and therapist relax into a meditative state by breathing and utilizing visualization techniques. Jeri Evans is an Empath, Medium and Clairvoyant. All three modalities are incorporated into the session. Each session is 30 minutes.

I acknowledge that I have read the above disclosure and have been given a copy of this document. The information was provided to me in a language I can read and understand. Any questions should be asked at the time of the first visit. For further explanation of services, I will read the pamphlets provided or access Jeri Evans Nutrition, Inc. website, www.jerievansnutrition.com.

Client Signature _____ Date ____/____/____

I understand that as a condition of any agreement to provide services to me, I agree to waive any and all claims, causes of action and lawsuits that I may have, believe that I have, now or at any future date against Jeri Evans or Jeri Evans Nutrition, Inc. for services already provided or to be provided in the future, for any amount in excess of the fee that I have paid for such services.

Client Name (Print) _____

Client Signature _____ Date ____/____/____