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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
City \_\_\_\_\_ Family Phy. \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Occupation \_\_\_\_\_  
Telephone #H \_\_\_\_\_ C \_\_\_\_\_ - \_\_\_\_\_ text messaging Y /N \_\_\_\_\_

Email Address \_\_\_\_\_  
How did you hear about Healthy By Choice? \_\_\_\_\_

Have you ever had allergy testing done?

If Yes, list the allergies and reactions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had an anaphylactic reaction to anything? (This is when the throat swells and it is difficult to breathe) \_\_\_\_\_

If yes, do you carry an epipen? \_\_\_\_\_ Yes \_\_\_\_\_

**Circle any conditions that apply to you**

- Allergies/Sensitivities
- Asthma
- Emphysema
- Chronic Fatigue Syndrome
- Fibromyalgia
- Thyroiditis
- Celiac
- Crohn's disease
- Colitis
- Environmental Illness
- Candidiasis
- Anorexia
- Schizophrenia
- Bipolar Mood Disorder
- Autism
- ADD

- HIV/Aids
- Alzheimer's disease
- Lupus
- Diabetes: Insulin\_\_
- Tinnitus
- Multiple Sclerosis
- Arthritis
- Muscular dystrophy
- (PMS) premenstrual
- Parkinson's disease
- Heart Conditions
- Scleroderma
- Gulf war illness
- Cancer (past/present)
- type: \_\_\_\_\_
- treatment \_\_\_\_\_

Addison's Disease  
Alcoholism  
Pain: Where muscles, joints  
Headaches/Migraines

Cancer treatment surgery \_\_\_\_\_  
chemo \_\_\_\_\_  
radiation \_\_\_\_\_

**Are you taking medications for?**

Heart \_\_\_\_\_  
Headaches  
Menopause  
Birth Control  
ADD

Indigestion \_\_\_\_\_  
Bowel Problems \_\_\_\_\_  
Steroids  
reason \_\_\_\_\_  
Depression \_\_\_\_\_

**Check any surgeries that apply to you**

Hysterectomy  
Tubal ligation  
Ovarian  
Breast  
Orthopedic

Gall Bladder  
Bowel  
Sinus  
Tonsils  
Other Wisdom Teeth

**Circle symptoms that apply to you**

-Irritability  
-Memory loss  
-"spaced out feeling"  
-Depression for no reason  
-inability to concentrate  
-Anxiety  
-Phobic/compulsive tendencies  
-Hyperactivity  
-Chronic anger for no reason  
-Panic attacks  
-Aggressiveness  
-Indigestion/heartburn  
-Chronic bad breathe  
-Coated tongue  
-Recurrent vaginitis  
-Prostatitis, jock itch  
-Candida  
-Abdominal gas & bloating  
-Bowel problems  
    Constipation  
    Diarrhea  
    Irritable Bowel

- fatigue  
- ear problems  
- nasal congestion  
-recurrent ear/throat/chest  
infections  
- hives/dermatitis  
- itchy, watery or dry eyes  
- acne  
- skin flushing  
- eczema  
-weight gain  
-cold all the time  
-hair loss  
- fluid retention  
-high cholesterol  
-loss of sex drive  
-pain  
-increasing sensitivity to foods & chemicals  
-headaches/migraines

**Did your symptoms appear after any of the following?**

Childhood illness (i.e. Whooping cough, measles or immunizations)

Other illness (i.e. Influenza, pneumonia or surgery)

Adolescence or after having a baby

Any major physical or mental trauma (i.e. Automobile accident)

Have you ever been on antibiotics more than twice a year? Yes \_\_\_\_\_ No \_\_\_\_\_