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Name _____ Age _____ Sex: M F Date _____

Address _____

City _____ State/Prov. _____ Zip _____

Home Phone _____ Business Phone _____

E-Mail Address _____ Height _____ Weight _____

Occupation _____ How were you referred? _____

What are your main health concerns or conditions? _____

Please list any medications or food supplements you are currently taking:

Please list any recent medical tests results you have, such as blood tests:

Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis. _____

DIET: What are examples of typical breakfasts for you?

Beverages

Mid-morning Snacks _____

What are typical lunches for you?

Beverages

Mid-afternoon Snacks _____

What are typical dinners for you?

Beverages

Evening Snacks _____

How often and what kind of exercise do you do? _____

About how many hours of sleep do you get per day? _____

I understand that nutritional balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease.

Signed _____ Date _____

Please mail your hair sample and these forms, along with payment to **2412 N Bryant Ave #B, Tucson, AZ 85712**. Be sure to include the "Member Agree" and "Request for Services" documents, filled out on top and bottom and signed and dated. Thank you! Your program will be ready about 2 weeks after I receive the sample and forms from you.

CIRCLE any conditions or symptoms that presently describe you.

PLACE A STAR next to the symptoms most important to you.

- | | | |
|----------------------------|---------------------------|-------------------------|
| Joint Pain | Eczema | Sinus Headaches |
| Joint Stiffness | Fungal Infections/Candida | Tension Headaches |
| Arthritis, Osteo | Psoriasis | Migraine Headaches |
| Arthritis, Rheumatoid | Hives | Neuritis |
| Muscle Pain | Hair Loss | Eye diseases |
| Muscle Weakness | Slow Wound Healing | Constipation |
| Muscle Cramps | Cataracts | Diarrhea |
| Bursitis | Glaucoma | Intestinal Gas |
| Fractures | Meniere's Disease | Bloating |
| Osteoporosis | Tooth Decay | Heartburn |
| Gout | Excessive Plaque on Teeth | Ulcer |
| | Gum Disease | Stomach Pain |
| Sweet Cravings | | Colitis |
| Sugar Reactions | Infections/Viruses | Gall Stones |
| Irritable before meals | Tumors/Cancer | Fissures |
| Can't Skip Meals | Multiple Sclerosis | Hemorrhoids |
| Hypoglycemia | Parkinson's Disease | Cirrhosis |
| Crave Starches | Scleroderma | Diverticulitis |
| Fat Cravings | Fear | Tend to Gain Weight |
| Other Food Cravings | Anger | Tend to Lose Weight |
| Food Allergies | Anxiety | |
| Excessive hunger | Bipolar Disorder | Anemia |
| No hunger | Brain Fog | Easy Bruising |
| Diabetes | Confusion | |
| | Depression | Dental Amalgams |
| Rapid Heart Rate | Irritability | Drug Addiction |
| Skipped Heart Beats | Mind Races | Alcoholism |
| Heart Palpitations | Mood Swings | Smoking |
| Heart Attack | Obsessive/Compulsive | |
| Poor Circulation | Panic Attacks | WOMEN: |
| Dizziness | Poor Memory | Premenstrual Syndrome |
| Low or High Blood Pressure | Schizophrenia | Water Retention |
| Angina | Trouble Sleeping | Cramps |
| Arteriosclerosis | Suicidal thoughts | No Menstruation |
| High Cholesterol _____ | Autism | Heavy periods |
| High Triglycerides _____ | Attention Deficit | Light/Irregular Periods |
| | Hyperkinesis | Ovarian Cysts |
| Cough | Dyslexia | Fibroid Tumors |
| Bronchitis | Seizures | Abnormal Pap Smear |
| Asthma | Learning Disability | Menopause |
| Post-nasal Drip | Mental Retardation | Fibrocystic Breasts |
| Sinus Congestion | Delayed Development | Breast Tumors |
| Allergies | | Yeast Infections |
| Emphysema | Bladder Infections | Hot Flashes |
| | Kidney Infections | Currently pregnant |
| Fatigue | Trouble Urinating | Abuse |
| Hypothyroidism | Frequent Urination | Rape |
| Low Body Temperature | Painful Urination | |
| Cold in Winter/Dry Skin | Kidney Stones | MEN: |
| Tend to Gain Weight | Water Retention | Prostate Problems |
| Hyperthyroidism | Kidney Stones | Impotence |
| Acne | Water Retention | Infertility |

Other Symptoms or Comments: _____