

## The Holistic Wellness Center – Biomeridian Assessment

### Statement of Intent:

I, Dr. Sandra (Sandi) Queen, am a Doctor of Naturopathy and Educator, not a physician. I, Jade Queen, CNHP, am a Certified Natural Health Practitioner. We do not diagnose or treat disease. We assist clients in their desire to support the innate healing response of their body by educating them about individual selection of food, herbs, nutrition supplements, relaxation, and exercise programs.

### Client Information:

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Address:

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_M\_\_\_F

Parent/Guardian (if a minor): \_\_\_\_\_ Phone: \_\_\_\_\_

Has Parent/Legal Guardian Given Permission for Child's Appointment Today?

\_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you currently under the care of a health professional for any health, medical, or emotional condition? \_\_\_\_\_ If so, for what problem(s) or condition(s)?

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

DO YOU HAVE A PACEMAKER OR OTHER ELECTRICAL DEVICE INSTALLED IN YOUR BODY? \_\_\_\_\_ IF SO, YOU ARE NOT A CANDIDATE FOR BIOMERIDIAN ASSESSMENT.

DO YOU, OR HAVE YOU IN THE PAST, HAD SEIZURES OF ANY KIND? \_\_\_\_\_ IF SO, YOU ARE NOT A CANDIDATE FOR BIOMERIDIAN ASSESSMENT.

Occupation:

\_\_\_\_\_

Job activities:

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Hobbies:

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Describe a typical day's meals for you, including portion sizes:

Breakfast:

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Lunch:

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Dinner:

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Snacks:

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Circle any of the following consumed, and list how frequently they are consumed:

Caffeine \_\_\_\_\_ Sugar \_\_\_\_\_ Alcohol \_\_\_\_\_ Recreational Drugs \_\_\_\_\_

OTC Drugs \_\_\_\_\_ Prescription Drugs \_\_\_\_\_ Fried Food \_\_\_\_\_ Grilled Meat \_\_\_\_\_

White Flour \_\_\_\_\_ Processed Meats (hot dogs, lunchmeat, bacon) \_\_\_\_\_

Artificial Sweeteners \_\_\_\_\_ Artificially Colored Foods \_\_\_\_\_ Juice/Juice Drinks \_\_\_\_\_

Dairy Products \_\_\_\_\_ Do you smoke? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Do you use other tobacco products? \_\_\_\_\_ If so, how often? \_\_\_\_\_

Are you exposed to second hand smoke? \_\_\_\_\_ If so, how often? \_\_\_\_\_

What time to you typically go to sleep? \_\_\_\_\_ Do you work nightshift? \_\_\_\_\_

How many hours to you typically sleep? \_\_\_\_\_ Trouble falling asleep? \_\_\_\_\_

Trouble staying asleep? \_\_\_\_\_ Do you feel refreshed when you awaken? \_\_\_\_\_

What type of water do you drink (distilled, spring, city water, etc.) \_\_\_\_\_

How much pure water do you typically drink in one day? \_\_\_\_\_

What is(are) your major complaint(s)? What changes have you noticed with your body \_\_\_\_\_

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List medications:

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Any organs or parts removed? \_\_\_\_\_

Circle any of the following which you have been diagnosed with or had problems with:

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|---------------------|--------------------------|---------------------|
| Anemia              | Rashes                   | Heart Attack/Stroke |
| Kidney Disease      | Haitus Hernia            | Autoimmune Disease  |
| High Cholesterol    | Osteoporosis             | Cancer              |
| Menopause           | Menstrual Irregularities | Prostate Issues     |
| High Blood Pressure | Low Blood Pressure       | Anemia              |
| Allergies           | Edema                    | Diabetes            |
| Autoimmune Disease  | Liver Issues             | Arthritis           |
| Fainting            | Dizziness                | Sleep Issues        |
| Frequent Infections | Headaches                | Asthma              |
| Hypothyroid         | Hyperthyroid             | Digestive Issues    |
| Heartburn           | Constipation             | Diarrhea            |

Numbness

Other Health Issues:

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List all emotional or medical issues you've experienced in the last three years:

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Have any family members within 2 generations had cancer? \_\_\_\_\_ If so, who, and what kind \_\_\_\_\_

In a 25 mile proximity to your home, are there any: (circle any that apply)  
Landfills, High Tension Electric Lines, Nuclear Waste Facilities, Chemical Plants,  
Gasoline Storage Tanks, Areas Sprayed With Pesticides or Herbicides, High  
Traffic Areas, Cellphone Towers

Other Areas of Known Toxicity: \_\_\_\_\_

Do you exercise? \_\_\_\_\_ If so, how frequently? \_\_\_\_\_

What types of exercise do you do? \_\_\_\_\_

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

List any allergies (food, environmental, etc.)

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

List any herbal or other supplements, amounts, and how frequently you take them:

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

List any prescription drugs you take regularly, including dosages:

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

Have you had any surgeries or hospitalizations? If so, list when, and what the nature was:

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

I have provided all of my known physical and medical conditions. I understand that the client consultation with Dr. Sandra (Sandi) Queen, ND or Jade Queen, CNHP, is for educational purposes only, and not for diagnostic or treatment purposes. I give my consent to participate in this and future consultations, and will not hold Sandra (Sandi)

Queen, Jade Queen, The Holistic Wellness Center or its parent company, Queen Homeschool Supplies, Inc., responsible for the outcome of any choices I make resulting from the education I receive during these consultations. I fully understand that Dr. Sandra (Sandi) Queen, ND and Jade Queen, CNHP are not medical doctors, and are not making recommendations, diagnosis, or other suggestions, nor prescribing any medications or other substances, and that any services or products I choose to incorporate into my lifestyle are due to my own choices. I understand that any information shared in consultations in the offices of The Holistic Wellness Center are not meant to take the place of medical care or treatment for any health or emotional problem or condition, but is solely for the purpose of supporting wellness in my body through the empowerment of education, and any choices that are made are made by myself alone, on my own behalf.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name:

\_\_\_\_\_

If Client is a Minor Child, Signature of Parent or Legal Guardian:

\_\_\_\_\_

Printed Name of Minor: \_\_\_\_\_

How much time do you spend relaxing: Daily? \_\_\_\_\_ Weekly? \_\_\_\_\_ Monthly?

\_\_\_\_\_

What do you do to relax \_\_\_\_\_

When taking supplements, I prefer:

\_\_\_pills \_\_\_liquids \_\_\_essential oils \_\_\_a variety \_\_\_doesn't matter

Have you taken vitamins or minerals before? If so, which ones, and how did your body react to them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you used herbal remedies before? If so, which ones, and how did your body react to them? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you taken homeopathic remedies before? If so, which ones, and how did your body react to them? \_\_\_\_\_

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Have you used essential oils before? If so, which ones, and how did your body react to them? \_\_\_\_\_

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### Stress Indicators:

On a scale of 1 to 10, with 1 being the least and 10 being the most, rate the amount of each of the following stressors. Do not label the stressors from 1 to 10, but rather rate each one individually from 1 to 10.

\_\_\_poor quality sleep \_\_\_not enough sleep \_\_\_getting to sleep after 11 PM  
\_\_\_poor diet \_\_\_exposure to toxins \_\_\_exposure to negativity or anger  
\_\_\_death of loved one \_\_\_divorce \_\_\_other family stress \_\_\_other lifestyle stress  
\_\_\_exposure to things to which you are allergic

My family life stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

My relationship stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

My work stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

My financial stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

My physical stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

My health stress is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

Other stress\_\_\_\_\_ is: \_\_\_none \_\_\_minimal \_\_\_moderate \_\_\_severe

*I understand that this questionnaire is for educational purposes, and that Dr. Sandra (Sandi) Queen, ND and Jade Queen, CNHP, are not medical doctors, psychologists, or psychiatrists, and are not making recommendations, but merely educating for my own interest. I am choosing to order and take any supplements. I understand that, if I am experiencing emotional or medical issues that need the intervention of a licensed professional in this field, Queen Homeschool Supplies, Inc., Dr. Sandra (Sandi) Queen, ND, Jade Queen, CNHP and The Holistic Wellness Center and all owners and employees recommend that I see a qualified professional instead of, or in addition to,*

*taking any items purchased at our office or on our website(s.) These items are not meant to take the place of professional mental or emotional help.*

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Signature / Date

**PAYMENT IS EXPECTED IN FULL WHEN SERVICES ARE RENDERED.**

We accept cash, debit or credit card. If you pay by card, your statement will read: **Queen Homeschool Supplies, Inc.**, which is the parent company of The Holistic Wellness Center.

I understand these terms:

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Signature / Date