



Date of Visit _____ Client# _____

Live Blood Analysis Health Profile FORM:

Please fill in the following form as complete -as possible. All information will be kept strictly confidential. This questionnaire will help in the study of your present state of health.

Name: _____

Address: _____

Date of Birth: Month _____ Day __ __ Year _____

Phone Number: _____ - _____ - _____ Mobile Number: _____ - _____ - _____

Email: _____

Height: __ Ft. __ In. Weight: _____ lbs.

Why did you request a Nutritional Blood Analysis?
a) because of a health concern__. Please list health issue if so.

b) to see if digestion is working properly__. c) just curious__.

d) other _____

Section 1:

Existing Conditions:

When was the last time you are on Antibiotics? _____

What Medications are taking? _____

List all Supplements: Vitamins, Minerals, Herbals.

List any Recreational Drugs:

Do you smoke cigarettes, pipe, chew? Yes __. No __.

Do you have any health concerns or conditions? _____

Do you have any allergies? _____

Eating Habits: (Put a * beside the type of foods you usually eat, an X besides those you would not eat)

For Frequency put a **1** if eaten daily, **2** if 2-3 times a week, **3** if once or twice a month, **4** if less than that.

(Example Kiwi ***3** means I eat Kiwi but only once or twice a month. NOTE: For foods that are seasonal answer the frequency you would eat them when in season.)

(Check the following)

Breads: White __. 100% Whole Wheat __. Multigrain __. Rye __.

Other (describe) _____

Pita __. Wraps __. Bread Sticks __. Flat Breads such as Wasa __.

Other (describe) _____

Pastas: Regular __. Whole Grain __. Other(describe) _____

Oils/Fats: Butter __. Margarine __. Olive Oil __. Avacodo Oil __. Coconut Oil __. Canola Oil __.

Nuts: Almonds __. Walnuts __. Peanuts __. Other (describe) _____

Seeds: Pumpkin __. Sunflower __. Hemp __. Other (describe) _____

Cereals: Oats/Oatmeal: Instant __. Rolled Oats Large Flaked __. Wild __. Bran __. Cream of Wheat __.
Packaged such as Com Flakes, Com Pops, Rice Krispies (etc.) __.

(describe - mention if sugared) _____

Vegetables: Starchy - Corn __. Peas __. Potatoes __. Sweet Potatoes __.

French Fried: Potatoes __. Sweet Potatoes __.

Lettuces - Iceberg Lettuce __. Romaine __. Arugula __.

Other (describe) _____

Peppers - Green __. Red, Yellow, Orange __.

Other (describe) _____

Cauliflower __. Broccoli __. Brussel Sprouts __. Cabbage __. Kale __. Carrots __. Spinach __.

Beans __. Baked Beans (canned) __. Lentils (canned) __. Lentils (dried) __.

Onions __. Garlic __.

Fruit: Berries - Blueberries __. Strawberries __. Cranberries __. Raspberries __. Blackberries __.

Apples __. Pears __. Plums __. Bananas __. Oranges __. Peaches __. Nectarines __.

Apricots __. Grapes __.

Meats: Beef - Lean only __. Fatty __. Roasts __. Stews __. Steaks __.

Pork - Bacon __. Ribs __. Chops __. Roasts __. Lamb __.

Chicken - Eggs __. White Meat __. Dark Meat __. Skin __. Fried __. Grilled __. Turkey __.

Goose __. Duck __.

Luncheon Meats - Ham __. Pepperoni __. Bologna __. Salami __.

Hamburgers __. Cheeseburgers __. Hot Dogs __. Smokies __.

Sausages - Pork __. Beef __. Turkey __. Chicken __.

Liver __. Other Organ Meats __.

Wild Game - Deer __. Moose __. Bear __.

Fish: Albacore Tuna __. Salmon (wild caught) __. Salmon (farmed) __.

Freshwater Coho Salmon (farmed in tank system from the US) __. Oysters (farmed) __.

Rainbow Trout (farmed) __. Tilapia __.

Sardines, Pacific (wild caught) __. Light Tuna (Canned) __.

Ocean Fish - Cod __. Haddock __. Halibut __. Herring __. Lobster __. Crab __.

Mahi-Mahi __. Pollock __. Ocean Perch __. Scallops __. Shrimp __.

Speckled Trout __. Whitefish __.

Snack Foods: Potato Chips __. Com Chips __. Pop Com (not air popped) __. Pop Com (air popped) __.
Pop Com (prepped in packages) __. Muffins __. Donuts __. Cookies __. Cakes __. Pies __.
Candy __. Candy - Sugar Free __. Chocolate Bars __. Chocolate Bars - Sugar Free __.

Dairy: Skim Milk __. 1% __. or 2% Milk __. Whole Milk __. Half & Half __. Whipping Cream __.
Goat Milk __. Low Fat Yogurt __. Greek Yogurt __. Regular Yogurt __. Sugar Free Yogurt __.

Beverages: Alcohol - Beer __. Wine __. Hard Liquor __. Caffeinated Coffee __. Decaf Coffee __.
Diet Soft Drinks __. Regular Soft Drinks __.
Fruit Juice- Sweetened __. Unsweetened __. Home-Made __.
Teas - Green Tea __. Herbal Tea __. Regular Tea (black) __. White Tea __.
Sports Drinks __. Water __.
How often do you have Shakes? ____ times a week. And what is in them? _____

What is your Drinking Water source?

Tap __. Bottled __. Filtered __. Reverse Osmosis __. Distilled __. Well __.

How often do you choose Organic Fruits and Vegetables? _____

Grass-Fed / Cage-Free Animal Products? _____

What foods do you crave? _____

What foods do you avoid? _____

Do you snack during the day? Yes __. No __. If yes, please describe _____
How many times per week do you eat Breakfast? __ times.

Please describe your normal Breakfast. _____

Please describe your usual Lunch. _____

Please describe your usual Supper. _____

Please specify how many times you eat the following Meals away from home per week:

Breakfast __ times. Lunch __ times. Dinner __ times.

Do you generally cook your own meals? Yes __. No __. How often? _____ times.

Do you like to cook? Yes __. No __.

How would you describe most Meals: Relaxed __. Rushed __. Standing up __. In front of the TV __.

Seated at the table __. In the car __. Alone __. With Family or Friends __.

Do you feel you eat a wide variety of foods? Yes __. No __. Unsure __.

How often do you consume Sugar? Daily __. 3-4 times per week __. Occasionally __. Seldom/Never __.

Please specify which of the following are included in your Diet: Fast Food __. Prepared Meals at Home __. Fresh __. Canned __.

Frozen __. Boxed or Bagged __. Organic __. Conventional __. Free-Range/Grass-Fed __.

Section 2:

Do you have good energy levels? Yes __. No __. Inconsistent __.

Does napping help or make it worse? Yes __. No __.

Do you diet frequently? Yes __. No __. Are you currently on a diet? Yes __. No __.

Do you do Cleanses? Yes __. No __. If so, when was the last time you did it? _____

How many bowel movements do you make in a week? ____ times.

Do you, or have you ever used tobacco? Yes __. No __. # per day __. # of years __.

If quit, when? _____

Sleep: Time you normally go to bed _____. Fall asleep _____. Awaken for the day _____.

How many hours of sleep do you need to feel rested? _____. How many do you get? _____.

Exercise: Do you exercise? Yes __. No __.

If so, how often? Daily __. Every other day __. Twice per week __. Once per week __. Rarely __.

Type of exercise? Walk __. Aerobics __. Dance __. Run __. Bicycle __. Team Sports __. Yoga __. Weight Lift __.

Other, please specify _____

Emotional State: Rate your current daily stress level **(0-10)** in regard to:
Job or School _____. Divorce/Separation/Death _____. Primary Relationship _____.
Family/Parents/Children _____. Financial _____.

Other, please specify _____

What activities do you engage in to counterbalance stress in your life?

IMPORTANT NOTE***

The more informative and accurate you are when filling out the health assessment form the better results you will receive. Please print this PDF, and bring to your appointment. Observe and record your diet over the next 1-3 weeks. Please list all medications and supplements even if taken occasionally. Some medications/supplements have interactions with other medications/supplements and should not be taken together. If you have any questions or concerns, please **call: 204-221-2233**.

Thank you.

DISCLAIMER: Copyright © 2018 Blood2Balance.

It is understood and agreed that the purpose of a blood analysis and/or a nutritional analysis undertaken by Blood2Balance is to suggest possible diet changes and supplementation choices that may improve the well being of you, the client. Under no circumstances will Blood2Balance staff treat or diagnose any medical issues that you may or may not have. If any professional help is needed we encourage one to seek immediate help from the appropriate health care provider. Blood2Balance assumes no responsibility for the correct or incorrect use of any information we provide to you. The service we provide is solely to educate and inform our clients at their request. Any information we provide and any recommendations we make are not be used to, nor are they intended to, nor do they in fact, diagnose, treat, or cure specific health conditions. I, the undersigned, do hereby state that I have read the above statement.

Signature

MM / DD / YYYY

Date