

Sarnia Holistic Healing Centre  
546 Christina Street N. 6<sup>th</sup> Floor  
Sarnia, Ontario N7T 5W6  
519-336-7944  
Rose Bridgeo, N.C.

HEALTH EVALUATION

DATE: \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. Nos.(for appt. confirmations) \_\_\_\_\_ Weight \_\_\_\_\_

Height \_\_\_\_\_ Natural Hair Colour \_\_\_\_\_ Eye Colour \_\_\_\_\_

Email address: \_\_\_\_\_

What if any other program or direction and guidance have you received to date or are presently receiving to assist with your health? Medical Or Natural Health Professional.

---

---

---

List any Vitamin , Mineral supplements or herbal or homeopathic remedies you are taking presently;

---

---

---

List any surgery you may have had

---

---

---

Check any of the following conditions or medications you are taking;

Blood pressure - High \_\_\_\_\_ Low \_\_\_\_\_ Medication \_\_\_\_\_

Chronic Fatigue \_\_\_\_\_ Diabetes \_\_\_\_\_ Insulin \_\_\_\_\_ Headaches \_\_\_\_\_ Hypoglycemia \_\_\_\_\_

Sarnia Holistic Healing Centre  
546 Christina Street N. 6<sup>th</sup> Floor  
Sarnia, Ontario N7T 5W6  
519-336-7944  
Rose Bridgeo, N.C.

Fibromyalgia \_\_\_\_\_ Hormones \_\_\_\_\_ Laxatives \_\_\_\_\_ Heart Medication \_\_\_\_\_

Oral Contraceptives \_\_\_\_\_ Radiation \_\_\_\_\_ or Chemotherapy \_\_\_\_\_

Steroids \_\_\_\_\_ Thyroid \_\_\_\_\_ Overactive \_\_\_\_\_ Underactive \_\_\_\_\_

Ulcer \_\_\_\_\_ Water Retention \_\_\_\_\_ Medication \_\_\_\_\_

Antacids \_\_\_\_\_ Antibiotics \_\_\_\_\_ Antidepressants \_\_\_\_\_ Anti inflammatory \_\_\_\_\_

Other condition or medication not mentioned, please list \_\_\_\_\_

---

---

**WHICH OF THE FOLLOWING FOODS DO YOU CONSUME REGULARLY?**

Dairy \_\_\_\_\_ Egg \_\_\_\_\_ milk \_\_\_\_\_ Cheese \_\_\_\_\_ Ice cream \_\_\_\_\_ Yogurt \_\_\_\_\_ creams \_\_\_\_\_

Breads \_\_\_\_\_ white \_\_\_\_\_ grain \_\_\_\_\_ wholewheat \_\_\_\_\_ other \_\_\_\_\_

Pasta \_\_\_\_\_ from white flour \_\_\_\_\_ from other flours \_\_\_\_\_

Fruits Raw \_\_\_\_\_ Fruits Cooked \_\_\_\_\_

Vegetables Raw \_\_\_\_\_ Vegetables Cooked \_\_\_\_\_

Legumes \_\_\_\_\_ Grains/raw \_\_\_\_\_ processed foods \_\_\_\_\_ Fish \_\_\_\_\_

Fats, deep fried foods \_\_\_\_\_ Oils \_\_\_\_\_ Butter \_\_\_\_\_

Condiments \_\_\_\_\_ Sauces \_\_\_\_\_ Gravies \_\_\_\_\_

Meats \_\_\_\_\_ Red \_\_\_\_\_ poultry \_\_\_\_\_ pork \_\_\_\_\_ lamb \_\_\_\_\_ processed meats = cold cuts,

\_\_\_\_\_ bacon, \_\_\_\_\_ or smoked meats, \_\_\_\_\_ sausages \_\_\_\_\_ hot dogs \_\_\_\_\_ soy/soy

products \_\_\_\_\_ Alcohol \_\_\_\_\_ Coffee \_\_\_\_\_ Tea \_\_\_\_\_ Water/Day \_\_\_\_\_ Pop \_\_\_\_\_

Sweetened Juices \_\_\_\_\_ Unsweetened Juices \_\_\_\_\_ Natural Juices \_\_\_\_\_

Wine \_\_\_\_\_ Beer \_\_\_\_\_ Spirits \_\_\_\_\_

Sarnia Holistic Healing Centre  
546 Christina Street N. 6<sup>th</sup> Floor  
Sarnia, Ontario N7T 5W6  
519-336-7944  
Rose Bridgeo, N.C.

**DO YOU HAVE LOWER INTESTINAL GAS AFTER EATING?**    yes    No

**DO YOU HAVE UPPER GAS SUCH AS BURPING AND BELCHING AFTER EATING?**

Yes    No.    **HEARTBURN**    Yes    No

**NUMBER OF BOWEL MOVEMENTS** \_\_\_\_\_ per day, \_\_\_\_\_ colour \_\_\_\_\_ status=loose  
\_\_\_\_\_, hard \_\_\_\_\_ thin or pencil like \_\_\_\_\_, or other significant details \_\_\_\_\_

**SLEEP PATTERN** \_\_\_\_\_ well \_\_\_\_\_ restless \_\_\_\_\_ insomnia \_\_\_\_\_, or other valuable  
comments \_\_\_\_\_

Do you get colds or flues often? \_\_\_ Yes \_\_\_ No . Once or twice per year? \_\_\_ Yes \_\_\_ No.

Do you recover quickly from ailments? \_\_\_ Yes \_\_\_ No.

WOULD you say your energy level is good? \_\_\_\_\_ Not bad \_\_\_\_\_ Poor \_\_\_\_\_.

**COMMENTS ON GENERAL FEELING OF WELL BEING** \_\_\_\_\_ good \_\_\_\_\_ great \_\_\_\_\_  
\_\_\_\_\_ depressed \_\_\_\_\_ sleepy \_\_\_\_\_ moody \_\_\_\_\_ light headed \_\_\_\_\_ spacey \_\_\_\_\_  
dizzy \_\_\_\_\_

What is your present level of physical activity?

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

**Additional comments related to your health**

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

**A HOLISTIC NUTRITIONAL HEALTH PROGRAM WILL BE SPECIFICALLY DESIGNED FOR YOUR PERSONAL HEALTH NEEDS BASED ON THE INFORMATION YOU HAVE PROVIDED.**

Rose A. Bridgeo/Holistic Nutritionist