

Thrive Live Blood Microscopy New Client Intake Form

IMPORTANT

1. Please **fast for 3 hours** prior to your appointment. No food or drink except water.
2. Please hydrate as much as possible. **Drink at least 3 glasses of water** before your appointment, and void your bladder as necessary.

Questions about your appointment? Contact Carly Del Ciancio at 519-817-0068

Name: Phone: Instagram: Email: <input type="checkbox"/> I would like to receive "5 to Thrive", monthly wellness tips & motivation monthly via email Address: I prefer to be contacted via <input type="checkbox"/> Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Email	Date of birth: Age: Sex: Weight: Blood type A B AB O ? Marital status: Number of children: Referred by: Emergency contact name: Relationship: Phone:
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○List paternal family diseases:

○List maternal family diseases:

○List any food or environmental **allergies**:

○What type of **exercise** do you do? How often and duration?

○Do you have a **bowel movement** every day? Y N

How many per day?

○Circle any **digestive difficulties** that you experience:

bloating constipation gas diarrhoea indigestion heartburn acid reflux other

Explain:

Health History

○ Describe any health issues/problems you are currently experiencing]and specify your **main concern**:

○ Have you ever been hospitalized for **surgery**? Y [] N []
When and what for?

○ List all **diagnoses** given by your Physician(s) and the date each diagnosis was given:

○ List all **supplementation** (vitamins, minerals, herbs) you are taking:

○ List all **prescription medication** you are taking and why you are taking it:

Diet

of **coffees** per day:

For how many years?

If you quit, how long ago?

of **carbonated** beverages per day

Any diet drinks?

For how many years?

If you quit, how long ago?

○ Do you consume **alcohol** Y [] N []

If so, how much and how often?

○ Estimate how much **water** you drink per day?

Source:

○ How many servings of **fruit** and **vegetables** do you eat per day?

Organic or conventionally grown?

○ Provide any other information that may be relevant, but hasn't been covered in regard to **diet**:

Stress

- How often do you take **time for yourself** and what does this look like to you?
- On a scale of 1 to 10, how **stressed** do you feel?
Briefly describe any stressful situations in you life right now:
- How many hours of **sleep** do you get each night?
Do you wake up feeling rested?

Radiations

- Do you use a **computer**? Y [] N []
How long each day?
- Do you use a **cell phone** or tablet? Y [] N []
How long each day?
- Are you exposed to **fluorescent lights** at work or home? Y [] N []
- How often do you **travel by plane**?
When was the last time?
- Do you use a **microwave** oven? Y [] N []
How often?

Chemicals

- Where did you **live** while growing up? City [] Rural [] Suburbs [] Other []
- What is your **occupation**:
- What type of environment do you work in? Office [] Factory [] Other (describe) []
- Are you exposed to **chemicals at work**? Y [] N []
Name them:
- Any **tattoos**? Y [] N []
- How many **cigarettes** do you smoke per day
For how many years?
If you quit, how long ago?
- How many **dental fillings** do you have?
How many have you had removed?
Date of most recent removal:
- How many **root canals** do you have?_____ Date of most recent:
- Do you have crowns or other metals? (braces, partials, retainers) Y [] N []
- Do you use conventional or natural **deodorant**?

