



Client Card

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Referred By _____ Phone Hm _____ Phone Wk _____ Birthdate _____

Please check, circle or list the following areas of concern: Eye Color _____

Blood Type _____

Digestive

- ___#of meals per day
- ___Over Acid ___Under Acid
- ___Stomach Problems ___Hiatal Hernia
- ___Other _____

Emotions/Nerves

- ___Mood Swings ___Depression
- ___Anxiety, fear, nervousness
- ___Anger, irritability
- ___Other _____

Lymph/Skin

- ___Do you sweat often?
- ___Do you exercise often ___# times per week
- ___Do you use an antiperspirant?
- ___Hives, rashes, dry skin Acne
- ___Headaches How often?
- ___Other _____

Hair/Nails

- ___Hair Loss ___Poor Nails
- ___Other _____

Mind

- ___Stress Poor memory/Concentration
- ___Other _____

Elimination/Colon

- ___# of bowel movement(s) per day/week
- ___Diarrhea ___Constipation
- ___Other _____

Glands

- ___Irregular Periods
- ___PMS, Menopause Symptoms
- ___Other _____

Urinary

- ___Water retention ___Kidney/back pain
- ___Other _____

Energy/Activity

- ___Fatigue, sluggishness
- ___Hyperactivity, Insomnia
- ___Other _____

Respiratory

- ___Chest Congestion/Coughing/Pain
- ___Asthma, Bronchitis, Allergies
- ___Stuffy nose/Sinus problems
- ___Other _____

Head /Ears/Eyes/Mouth/Throat

- ___Earaches, ear infection
- ___Ringing in ears, hearing loss
- ___Blurred/Poor Vision ___Sore throat, hoarse
- ___Other _____

Circulation/Heart/Joints

- ___Irregular/Rapid heartbeats
- ___Chest pain ___Poor Circulation
- ___Arthritis Pain or aches in joints
- ___Other _____

Weight

- ___Under/Over weight
- ___Binge eating/drinking
- ___Craving certain foods
- ___Other _____

Current Medication(s) _____

Allergic to anything? _____

Other _____

Read This: I have chosen herbology as an alternative and I understand TruHealth provides information for education and interest only and is not intended as and must NOT be taken as diagnosis for any disease. I have read and understand the above.

Sign _____ Date _____