

**GENERAL INFORMATION SHEET**

Name \_\_\_\_\_ Age \_\_\_\_\_ Sex: M F DateOB \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Occupation \_\_\_\_\_ How were you referred? \_\_\_\_\_

What are your main health concerns or conditions? \_\_\_\_\_

\_\_\_\_\_

**Please list any medications or food supplements you are currently taking:**

\_\_\_\_\_

\_\_\_\_\_

**Please list any recent medical tests results you have, such as blood tests:**

\_\_\_\_\_

**Please list illnesses in your family such as heart disease, cancer, TB, diabetes or arthritis.** \_\_\_\_\_

**DIET: What are examples of typical breakfasts for you? Beverages**

\_\_\_\_\_ | \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

**Mid-morning Snacks** \_\_\_\_\_ | \_\_\_\_\_

**What are typical lunches for you? Beverages**

\_\_\_\_\_ | \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

**Mid-afternoon Snacks** \_\_\_\_\_ | \_\_\_\_\_

**What are typical dinners for you? Beverages**

\_\_\_\_\_ | \_\_\_\_\_

\_\_\_\_\_ | \_\_\_\_\_

**Evening Snacks** \_\_\_\_\_ | \_\_\_\_\_

**How often and what kind of exercise do you do?** \_\_\_\_\_

\_\_\_\_\_

**About how many hours of sleep do you get per day?** \_\_\_\_\_

I understand that Nutritional Balancing is a means to reduce stress and balance body chemistry. It is not intended as diagnosis, treatment or prescription for any condition or disease. O.Burova,HHP has a Nutritional Master degree and works as Certified Nutritionist Consultant.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**SYMPTOMS SHEET**

Name \_\_\_\_\_

*Circle any conditions or symptoms that presently describe you.*

Arthritis, Osteo  
Arthritis, Rheumatoid  
Allergies(type)\_\_\_\_\_  
Anemia  
Asthma  
Angina  
Arteriosclerosis  
Atherosclerosis  
Arrhythmia  
Alzheimer's  
A.L.S.  
Amenorrhea  
Acne  
Alcoholism  
Anxiety  
Attention Deficit  
Autism  
Anger  
Abnormal Pap Smear  
Bursitis  
Bipolar Disorder  
Brain Fog  
Bradycardia  
Bloating  
Breast Tumors  
Bladder Infections  
Bronchitis  
Cancer(type)\_\_\_\_\_  
Candidiasis  
Cataracts  
Cystic fibrosis  
Cramps(type)\_\_\_\_\_  
Colitis  
Cravings(type)\_\_\_\_\_  
Cirrhosis  
Coronary Occlusion  
Confusion  
Constipation  
Cough  
Crohn's disease  
Depression  
Dizziness  
Diabetes(type)\_\_\_\_\_  
Dyslexia  
Drug Addiction  
Diverticulitis  
Delayed Development  
Dry Skin  
Diarrhea  
Disc degeneration  
Dementia  
Eczema  
Easy Bruising  
Eye diseases  
Emphysema

Epilepsy  
Endometriosis  
Excessive Plaque on Teeth  
Excessive hunger  
Fatigue  
Frequent Urination  
Fibrocystic Disease  
Fissures  
Fibromyalgia  
Fractures  
Glaucoma  
Gout  
Gall Stones  
Gastritis  
Gall stones  
Gum Disease  
Headaches(type)\_\_\_\_\_  
Hyperkinesis  
Hypoglycemia  
Heartburn  
Heart Palpitations  
Heart Attack  
Hemorrhoids  
Hemochromatosis  
Hypothyroidism  
Hyperthyroidism  
High Cholesterol\_\_\_\_\_  
High Triglycerides\_\_\_\_\_  
Hives  
Hair Loss  
Low or High Blood Pressure  
Hot flashes  
Heavy periods  
Hepatitis\_\_\_\_\_  
Hypertension  
Hostility  
Irritable before meals  
Intestinal Gas  
Infections/Viruses  
Irritable Bowel Syndrome  
Impotence  
Infertility  
Irritability  
Insomnia  
Immune Deficiency  
Joint Stiffness  
Joint Pain  
Kidney Stones  
Kidney Infections  
Lupus  
Low Body Temperature  
Light/Irregular Periods  
Learning Disability  
Liver Dysfunction  
Muscle Pain  
Muscle Weakness  
Mononucleosis

Menopause  
Multiple Sclerosis  
Meniere's Disease  
Mood swings  
Myasthenia Gravis  
Memory Loss  
Manic Depression  
No hunger  
Neuritis  
No Menstruation  
Ovarian Cysts  
Osteoporosis  
Osteomalacia  
Osteosarcoma  
Obsessive/Compulsive  
Obsessive/Compulsive  
Poor Circulation  
Psoriasis  
Parkinson's Disease  
Panic Attacks  
Painful Urination  
Premenstrual Syndrome  
Paget's Disease  
Prostate Enlargement  
Prostatitis  
Renal Disease  
Sinus Congestion  
Slow Wound Healing  
Scleroderma  
Schizophrenia  
Seizures  
Scoliosis  
Stroke  
Stomach Pain  
Smoking  
Tachycardia  
Tourette's Syndrome  
Tooth Decay  
Tumors  
Tend to Gain Weight  
Tend to Lose Weight  
Ulcer Gastric  
Ulcer Duodenal  
Water Retention  
Yeast Infections

**Other Symptoms or  
Comments:**

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