

Synthia Suzelis – Suzelis Holistic Health  
New Client History

Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(home) \_\_\_\_\_ (Cell or Work) \_\_\_\_\_  
E-Mail \_\_\_\_\_ Do you check it daily? Yes / No  
Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_ No. of Children \_\_\_\_\_ Blood Type \_\_\_\_\_  
Occupation \_\_\_\_\_ Referred by \_\_\_\_\_  
Employer \_\_\_\_\_ Parents, if a minor \_\_\_\_\_

List any of the following with approximate dates where applicable:

Prioritize your most relevant health concerns; List them in order below: \_\_\_\_\_

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

Diagnosed Serious Illnesses \_\_\_\_\_

\_\_\_\_\_  
Current Medications \_\_\_\_\_

\_\_\_\_\_  
Current Vitamins/Herbs/Supplements/Homeopathic Remedies \_\_\_\_\_

\_\_\_\_\_  
Current Physician(s) \_\_\_\_\_

Accidents/Injuries \_\_\_\_\_

\_\_\_\_\_  
Surgeries \_\_\_\_\_

\_\_\_\_\_  
Known or Suspected Allergies \_\_\_\_\_

\_\_\_\_\_  
Dietary Restrictions \_\_\_\_\_

\_\_\_\_\_  
Any known exposure to Work Hazards, Environmental/Industrial/Household Toxins  
(herbicides, pesticides, cleaning agents, fuel or fumes, etc.) \_\_\_\_\_

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