



Health Intake Questionnaire

Full name:

Date of birth:

Full Address:

Weight:

Phone number:

Reason for reaching out:

1. Describe what prompted you to contact me.

Please share your health background:

2. Past and present medical conditions or diagnoses. Include past surgeries (if any).

3. List current medications.

4. List all vitamins, minerals, and other nutritional supplements you are currently taking.

5. Did you experience any major life changes or stressors around the time your concerns began (ie., new job, new home, a loss, etc.)? a. Yes No

Is the stressor(s) ongoing? b. Yes No

6. Describe your current practices for mindfulness/nervous system regulation (ie., breathing, gratitude, prayer, yoga, etc.)



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7. Do you follow any calming strategies during high stress incidents? If yes, please describe.
8. On average, how many hours do you sleep per night?
If you have night wakings, what time is it typically?
9. What is your typical daily diet?
10. Tell me about your hunger levels throughout the day.
11. Do you have symptoms immediately after eating, such as belching, bloating, sneezing, hives, etc.?
If yes, are these symptoms associated with any particular food or supplement(s)?
12. Do you have intestinal gas? If so, when/how often?
13. How many bowel movements do you have per day?
- | | | |
|---|-----|----|
| Constipation (straining, less than 1 bowel movement/day): | Yes | No |
| Diarrhea (loose stool, sticky stool): | Yes | No |
14. How many times per week do you: Drink alcohol
Smoke



15. Check everything you currently do to decrease your toxic load at home:

Healthier alternatives to foods (organic, non-GMO, grass fed, pasture raised meats, etc.)

Cook using non-toxic cookware and oils

Avoid certain ingredients by reading labels

Mainly home cooked foods

Natural cleaning products

Holistic oral care

Air purifier

Reverse Osmosis water filter with trace minerals

EMF protection

Detox baths

Lymph massages

Enemas

Other health professionals (ie.. nervous system chiropractic, osteopathy, naturopathy, etc.)

Other/notes regarding above:

16. Please check below how interested you are in making changes to decrease your toxic load.

I'm not interested at all

I'm only interested to learn about smaller simple swaps

I'm only interested in swaps that address the highest toxic impact on my health

I'm interested to learn as many swaps as I can possibly make



Disclaimer

I understand that an Integrative Health Practitioner is not authorized under any circumstances, to diagnose, treat, or prescribe for any medical condition or disease under Ontario law or any applicable Canadian legislation. I understand that this providers' advice as an Integrative Health Practitioner is based on general health and wellness principles and does not address specific medical conditions. An Integrative Health Practitioner provides non-medical, advisory services, including but not limited to dietary recommendations, supplement advice, and lifestyle/emotional guidance. These services are not intended to replace or substitute professional medical care, diagnosis, or treatment by a licensed healthcare provider. It is recommended to consult with your physician or healthcare professional regarding specific health matters.

I understand that bioresonance evaluation does not provide a medical diagnosis and that further medical care and testing may be recommended. If I suspect I need medical intervention I understand I should consult my physician. I give my permission to be evaluated with a bioresonance scan. I understand in doing so, my testing technician is not my primary physician. I understand that I will receive information about my body's energetic field and recommendations based on said evaluation.

I understand and acknowledge that all advice and recommendations provided are entirely voluntary and non-binding. I have the sole discretion to accept, modify, or reject any suggestions. I understand that recommendations are for informational purposes only and are not a guarantee of results.

I acknowledge that I am responsible for my own health and wellness decisions. I agree that Arkatya Mosis is not liable for any injury, illness, adverse reaction, medical condition, or damage arising out of my use of or reliance on dietary, supplement, or lifestyle advice. I further acknowledge that Arkatya Mosis cannot be held responsible for any consequences, whether direct or indirect, resulting from my choice to implement or disregard the advice provided.

The undersigned releases Arkatya Mosis from any and all liability for any failure to identify any medical condition or disease. It is understood and agreed that this is not the purpose of the natural health services.

Client Signature:

Date:



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