

Dear **RETURNING (NOT NEW) patients,**

Name \_\_\_\_\_

Date \_\_\_\_\_

NEW EMAIL? \_\_\_\_\_

**IMPORTANT – PLEASE FILL OUT TODAY’S CONCERNS (Please list brief overview):** \_\_\_\_\_

\_\_\_\_\_

PLEASE LIST **ALL** supplements you are taking:

SUPPLEMENTS	Dose or Frequency?	How much is left (approximately) in the bottle? Example: ¼ or ½ a bottle

Do you consume protein powders? Which one(s)? \_\_\_\_\_ (Note: Soy and Whey protein powders are allergenic for most people.)

**Please answer the questions on the back. Thank you!**

**Please answer the questions on the bottom. Thank you!**

DRUGS	Dose (milligrams, etc.)	How often you take this drug?

**Lifestyle and dietary questions:**

Do you have a regular exercise routine? If so, how many times a week? \_\_\_\_\_

What time do you wake up every morning? \_\_\_\_\_

On average, how many hours a night do you sleep? \_\_\_\_\_

Are you happy with your living or work situation? (Please be brief here.)

\_\_\_\_\_

Do you smoke? If so how much? \_\_\_\_\_ Contains **Menthol**?

Please write down the approximate number of ounces of water per day:

\_\_\_\_\_ (One average size cup is around 8 ounces.)

How many cups of herbals (non-caffeinated) teas do you drink per day? \_\_\_\_\_

Do you drink detox teas? \_\_\_\_\_ How many a day? \_\_\_\_\_

How many cups of caffeinated (black or green) teas do you drink per day? \_\_\_\_\_

Do you drink alcohol? How much? \_\_\_\_\_

Do you drink coffee? How much? \_\_\_\_\_

Do you drink soft drinks? How much? \_\_\_\_\_

Do you drink fruit juices? How much? \_\_\_\_\_

How often do you eat sweets (daily, weekly, etc.)? \_\_\_\_\_

What kind of sweets, and how much? \_\_\_\_\_

Do you eat at least 5 servings of fruits and vegetables per day? \_\_\_\_\_

Are you trying to avoid any particular foods from your diet, such as gluten or dairy? If so, what are those foods? \_\_\_\_\_

Are you applying the castor oil onto your abdomen regularly? \_\_\_\_\_ If yes, how often, approximately? \_\_\_\_\_