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

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.

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

Please mail your hair sample to **7606 N Shaggy Tree Lane, Tucson, AZ 85743**. Include payment with hair sample if paying by check. Otherwise please pay on my website. Be sure to include the "Member Agree" and "Request for Services" documents, filled out on top and bottom and signed and dated when sending a first sample. Thank you! Your plan will be ready about 2 weeks after I receive the sample and forms from you.

**CIRCLE any conditions or symptoms that presently describe you. PLACE A STAR next to the symptoms most important to you. Please use blue or black ink, no pencil, light colors, etc.**

Joint Pain	Eczema	Sinus Headaches
Joint Stiffness	Fungal Infections/Candida	Tension Headaches
Arthritis, Osteo	Psoriasis	Migraine Headaches
Arthritis, Rheumatoid	Hives	Neuritis
Muscle Pain	Hair Loss	Eye diseases
Muscle Weakness	Slow Wound Healing	Constipation
Muscle Cramps	Cataracts	Diarrhea
Bursitis	Glaucoma	Intestinal Gas
Fractures	Meniere's Disease	Bloating
Osteoporosis	Tooth Decay	Heartburn
Gout	Excessive Plaque on Teeth	Ulcer
	Gum Disease	Stomach Pain
Sweet Cravings		Colitis
Sugar Reactions	Infections/Viruses	Gall Stones
Irritable before meals	Tumors/Cancer	Fissures
Can't Skip Meals	Multiple Sclerosis	Hemorrhoids
Hypoglycemia	Parkinson's Disease	Cirrhosis
Crave Starches	Scleroderma	Diverticulitis
Fat Cravings	Fear	Tend to Gain Weight
Other Food Cravings	Anger	Tend to Lose Weight
Food Allergies	Anxiety	
Excessive hunger	Bipolar Disorder	Anemia
No hunger	Brain Fog	Easy Bruising
Diabetes	Confusion	
	Depression	Dental Amalgams
Rapid Heart Rate	Irritability	Drug Addiction
Skipped Heart Beats	Mind Races	Alcoholism
Heart Palpitations	Mood Swings	Smoking
Heart Attack	Obsessive/Compulsive	
Poor Circulation	Panic Attacks	<b>WOMEN:</b>
Dizziness	Poor Memory	Premenstrual Syndrome
Low or High Blood Pressure	Schizophrenia	Water Retention
Angina	Trouble Sleeping	Cramps
Arteriosclerosis	Suicidal thoughts	No Menstruation
High Cholesterol _____	Autism	Heavy periods
High Triglycerides _____	Attention Deficit	Light/Irregular Periods
	Hyperkinesis	Ovarian Cysts
Cough	Dyslexia	Fibroid Tumors
Bronchitis	Seizures	Abnormal Pap Smear
Asthma	Learning Disability	Menopause
Post-nasal Drip	Mental Retardation	Fibrocystic Breasts
Sinus Congestion	Delayed Development	Breast Tumors
Allergies		Yeast Infections
Emphysema	Bladder Infections	Hot Flashes
	Kidney Infections	Currently pregnant
Fatigue	Trouble Urinating	Abuse
Hypothyroidism	Frequent Urination	Rape
Low Body Temperature	Painful Urination	
Cold in Winter/Dry Skin	Kidney Stones	<b>MEN:</b>
Tend to Gain Weight	Water Retention	Prostate Problems
Hyperthyroidism	Kidney Stones	Impotence
Acne	Water Retention	Infertility

**Other Symptoms or Comments:** \_\_\_\_\_