



Eden Chiropractic Nutrition & Wellness

Name: _____ Age: _____ Phone: (H) _____ (W) _____

Address: _____

Email: _____

Job Description: _____ Work: _____ Hours: _____

Chiropractic Doctor: _____ Medical Doctor: _____

Medications / Vitamins: _____

Health Conditions/Surgeries: _____

Sleep Habits: (Wake) _____ (Bed Time) _____ Quality of Sleep: Good / Fair / Poor Tobacco: Y / N

What are your goals? _____

Please describe a generalized list of things you would normally eat for each meal:

BREAKFAST: _____

SNACKS: (AM) _____

LUNCH: _____

SNACKS: _____

SUPPER: _____

SNACK: _____

COFFEE: Y / N - CUP/DAY _____ - REG / DECAF -- **COLA:** Y / N - CUP/DAY _____ DIET / REG **Water:** _____

TEA: Y / N - CUP/DAY _____ - SWEET / UNSWEET - **ALCOHOL** - CUPS _____ Beer / Liquor / Wine

EXERCISE HABITS: Days/week _____ Type: _____

YUK FOODS: (Foods you **DO NOT** like)

(For Wellness Coach Only:)

B: _____ T: _____ C: _____ SS: _____ SI: _____ MA: _____ AB: _____ TH: _____