



## Holistic Nutrition Intake Form - New Approach to Life (Package #2)

Thank you for taking the time to fill out this form in its entirety! Please do your best to complete this form **1 week** prior to your first appointment to ensure a fulsome discussion. If you have any questions or concerns, please contact me at [nourishedawayoflife@gmail.com](mailto:nourishedawayoflife@gmail.com).

Thank you in advance and I look so forward to working with you on your journey towards increased health and wellness!

### **Client Information:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Primary Telephone Number(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

### **Primary Health Concerns and Goals:**

- ❖ What are your main health concerns leading you to seek assistance from a Holistic Nutritionist? Ie. Food sensitivities, digestive difficulties, fatigue, skin issues etc.

- ❖ Please list your **top 3** dietary and lifestyle goals to help focus our session(s)!  
le. Learn about substitutions for dairy or otherwise, broaden my healthy recipe options or healthy ways to manage stress etc.

Type to enter text

- 1.
- 2.
- 3.

- ❖ Do you have any interest in learning more about body cleansing and overall detoxification in the future? Yes (  ) No (  ).
- ❖ Do you have any interest in learning more about our Metabolic Reset Program offered at the beginning of each new year in the month of January?  
Yes (  ) No (  ).

Thank you so much for taking the time to complete the intake form for Package #2 - New Approach to Health. As mentioned previously, all of the information you provide is important to help focus our discussion in the upcoming session!

Yours in Health,

*Amanda McIlhorne*