

Lifestyle for Health

1420 Almagre Peak Dr
Colorado Springs, CO 80921
719-488-5688

www.CherylTownsley.com

info@lifestyleforhealth.com

Initial Health Consultation New Client Form and Release Form

Please complete these forms prior to your appointment and bring them with you to your appointment. Also bring all supplements that you are currently taking.

Scores from 3 questionnaires will need to be added to this form (*Metabolic Profile, Candida, Enzymes*). These questionnaires can be found on our website: www.CherylTownsley.com under the Coaching Tab and then Questionnaires (the same page where you found this form).

If you are not coming into the office for your appointment (long distance clients), you will mail this form to the above address along with:

- **Your Hair Sample** (in a baggie with your name on the bag - enough hair to cover the face of a quarter)
- **Samples** of all supplements you are currently taking - one pill or capsule of each, in an individual baggie with the product name written on it.

Your Blood Type: (O, A, B, AB) also goes on this form (if not known, you can order a Blood Type Test Kit from Amazon - usually less than \$10). This is not required but is helpful.

Name _____ Date _____

Email _____ Daytime Phone _____

Age _____ M / F Weight _____ Height _____

Address _____

City / ST / Zip _____

Profession _____ Referred by _____

Fee: \$295 Pay by Check _____ Pay by Credit card _____

Blood Type O A B AB (*circle one*)

Metabolic Profile 1 2 3 (*circle one*)

Candida Score _____

Give a score to each of the following with 1 being low/none and 10 high/more than enough:

Energy _____

Pain _____ Where/Frequency: _____

Headaches _____ Frequency: _____

Job Stress _____

Family Stress _____

Bowels/Day _____

Lasik Eye Surgery: Y / N Mono-Vision Surgery: Y / N Mono-Vision Contacts: Y / N

Glasses: Single Vision: Y / N Bifocal: Y / N Trifocal: Y / N

Breast Implants Y / N

Root Canals Y / N Number of root canals: _____

Silver Dental Fillings Y / N

Other Dental Issues: _____

Amount of water consumed/day: _____

Typical Breakfast: _____

Average Dinner and Dinner Time: _____

Foods craved, even you you don't regularly eat them: _____

Sleep - average # hours slept each night: _____

Quality of Sleep: _____

Other: _____

Top Scores from the Enzyme Questionnaire: (example: Group 12 score of 10)

Group _____ Score _____ Group _____ Score _____ Group _____ Score _____

Group _____ Score _____ Group _____ Score _____ Group _____ Score _____

Group _____ Score _____ Group _____ Score _____ Group _____ Score _____

Group _____ Score _____ Group _____ Score _____ Group _____ Score _____

Please provide a brief health history, including surgeries, dental, accidents, broken bones and trauma:

What supplements do you currently take (*Bring with you to your appointment*):

What is your #1 desired outcome from you appointment?

When you achieve that outcome, how will your life be different?

Where do you tend to sabotage yourself?

Other:

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Release Form

(Disclosure Statement require under SB-215 for Alternative Health Care Practitioners in Colorado

As an Alternative Health Care Practitioner, I am not licensed to provide medical treatment, diagnose disease or prescribe medications.

The services I perform in person, by mail or by phone are restricted to nutrition and lifestyle choices and the maintenance of nutritional health.

I provide services in the areas of Naturopathy, Enzyme Nutrition, Herbology, Nutrition, Diet, Homeopathy, Stress Management, Low Level Light/Laser Therapy and Quantum BioFeedback.

I do not carry liability insurance applicable to any injury caused by an act or omission in providing complementary and alternative health care services. A copy of this disclosure statement will be kept on file for at least two years after the last date of service.

My Professional degrees, training, certifications include:

- * Naturopathy Doctor from Trinity College
- * Digestive Health Specialist from Loomis Institute
- * Bioenergetic Practitioner II and Wellness Consultant from The International Academy of Bionetic Practitioners
- * BA, Home Economics and Nutrition Education from Washburn University, Topeka, KS
- * BBA in Business Management and Computer Science from Washburn University, Topeka KS
- * Authored 15+ books, appeared on 1,000+ media shows
- * Worked with tens of thousands of people from around the world

Name of Client

Signature

Address

City, State, Zip

Phone #

E-mail Address

In order to treat a child between the age of 2-18 years of age, a legal guardian/parent must sign

Name of Child (age 2-18)

Signature of Parent/Legal Guardian