

Holmes Health Natural Medicine & Retreats

TO RECEIVE HELP THROUGH NATURAL MEDICINE, PLEASE COMPLETE THE FOLLOWING FORM.

Name _____

Date _____

Date of Birth _____

Phone _____

E-Mail _____

Profession _____

Marital Status _____ Children _____

Which natural therapy would you like to receive? _____

Have you used Natural Medicine before? If so, Why? _____

Reason for seeking natural therapies _____

Do you have any health issues natural medicine could help you with? If so, Specify _____

Do you have any current or previous health conditions I should know about? _____

Do you exercise regularly? _____

Do you have healthy eating habits? _____

Do you follow any specific diet? _____

Are you allergic to anything? _____

Do you get enough sleep? _____

Do you typically feel you have too much stress? _____

What are the major contributors to your stress? _____

Would you like a one month follow up contact?

PHONE _____ or E-MAIL _____ or NEITHER _____