



Personal Information:

Date _____

Name _____ Referred by _____

Address _____ City: _____ State: _____ Zip _____

Phone (day) _____ (eve) _____ (mobile) _____

Email Address: _____

Birth date _____ Age: _____

Occupation _____

Height _____ Weight _____ Body Frame (S/M/L) _____ Blood type _____

Brief Health Intake:

What do you hope to achieve by participating in a detox/cleanse program?

What are your most important health concerns at this time?

What (if any) medical conditions have you been diagnosed with?

What is the frequency of your bowel movements?

Please list any drugs/medications you are presently using and why.



Please list any supplements you are presently using and why.

Describe family (parents, children, siblings) health history (deceased at what age, diabetes, cancer, thyroid, allergies, digestive concerns, heart disease, etc.)?

Describe your sleep: (fall asleep, stay asleep, wake up during night, insomnia, wake up early, sleep short hours, etc.)

How would you rate your overall level of stress (0 = no stress; 10 = extremely high stress): _____



Detox Intent and Consent:

Welcome! I look forward to working with you. Below is information about the nature of our work together. Please complete, sign and return this intent/consent form by our first appointment.

I, Dawn Preisendorf, am an integrative nutritionist and health coach. As such, I do not diagnose or treat disease. Rather, I provide individualized dietary, nutrition and lifestyle recommendations appropriate to your health goals. The intent of any nutritional guidance is to support optimal function of the physiological and biochemical processes of the human body. Plus, since lifestyle habits such as exercise, relaxation, stress reduction and connection with others are essential to health, these may also be focal points of our work together. As needed, I also provide health coaching services to support you in making diet and lifestyle changes.

I, _____, understand that information/education provided on the relationship between nutrition, lifestyle factors and health is not meant to replace competent medical treatment for any health problem or condition. Health/nutrition/detoxification education and medical care are complementary and integrative when properly delivered.

I, _____, choose to improve my health by assuming greater self-responsibility and by participating fully in the Detox Program. I will reduce or eliminate behaviors that I realize are contrary to my health and well-being.

We agree to work together based upon reliable information, practical skills, feedback and support.

Signed _____ Date _____
Client

Print Name

Signed _____ Date _____

Dawn Preisendorf, MA, NC, CHWC Functional Nutritionist/Health Coach
510.457.1182 / info@newdawnwellness.com / Fax: 510.217.2388