Healthworks
NUTRITION CENTRE

MICROSCOPIC BLOOD ASSESSMENT RECAP

Name: _____ Date: _____

**Please let the front desk staff know if there have been any changes to personal information since your last visit.*

List Current Medications (prescribed or non-prescribed):

List any vitamins/ herbals/ homeopathics/other natural supplements you are currently taking:

What are your current health concerns? Which of these concerns is most immediate to you?

Have you seen any improvements since your last visit?
None *Slight* *Moderate* *Complete*

Where have you seen improvement?

How many cups of coffee do you drink daily?

Do you drink any carbonated beverages? **Y / N** If Yes, how much daily?

How much do you exercise? (times/ week)

How much water do you drink? (daily)__

What type of water do you drink? Circle one:

Distilled	Filtered	Other: _____
Spring	Well	
Tap	Reverse Osmosis	

How often do you have a bowel movement? _____

How is your energy level? Circle one: Excellent Good Fair Poor

How many hours of sleep do you get per night? _____

CONSENT AND ACKNOWLEDGMENT

I, the undersigned, hereby understand and acknowledge that Grant M. Derkatz is not a medical practitioner and in particular that he:

A) does not hold himself out as being able to diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition;
B) does not offer or undertake by any means or methods to diagnose, treat, operate, prescribe for any human disease, pain, injury, disability or physical condition, and;
C) cannot and will not give medical advice.

I, the undersigned, hereby confirm and acknowledge:
A) all information from, or communication with, Grant M. Derkatz are at my own request, with full knowledge of the above particulars, and;
B) no guarantees have been made to me concerning the results that may be obtained as a result of my consultation with Grant M. Derkatz.

Dated this_____day of_____, 20___.

_____ Signature

_____ (Please print name)

_____ Parent/Guardian Signature (If under 18 years old)

The use of any recording devices is strictly prohibited WITHOUT the express written consent of Healthworks Nutrition Centre

Healthworks Nutrition Centre will not share your health information without your consent.