

## **Confidential Client Record**

Date:	Referral source:								
Name:		Date o	f birth:						
Address:		City:	Postal code:						
Cell:	Alternate:	1	Email:						
Occupation:		May we contact you via email?							
Hobbies, interests, recrea How regularly do you eng Usual bed time? Do you wake up feeling re Do you keep a regular sch	tional activities: age in recreation? Usual wake time? _ ested?	How mar Do you take sleepin	ny hours do you sleep per night? g pills?						
What is your current level Blood type:		average f mercury tooth fillings: What foods do you avo	considerable oid?						
Which of the following do	you eat/drink?	What foods do you crave?							
poultry	canned foods	Favorite snack foods?							
milk cheese soy/soy products bread	fast foods junk foods	How often do you eat out?							
	fresh fruit	Where do you shop for food?							
vegetable oil	☐ fresh vegetables ☐ pop	How many meals do yo	ou eat each day?						
│	☐ coffee☐ tea	List the members of yo	our household						
whole grains (oats, rice, barley, quinoa)	☐ juice ☐ alcohol	Do you cook?							
legumes (garbanzo/ kidney/black beans)	water	Do you smoke?							
Maney, Stuck Scuris,		Do you use laxatives?							

Notes:

Hernia   Appendicitis   Polyps   Bloating   Cramping   Vomiting	Medications in past 12 months:		Curre	Current nutritional supplements:					Food/environmental allergies/ sensitivities:						
Circle all that apply:    BS	Diagnosed medical conditions:		Curre	Current health concerns/symptoms:					Past hospitalizations/surgeries:						
BS	Are you concerned about your weight?			? Have	Have you been on any special diets?										
Crohn'sGallstonesUlcerHemorrhoidsFlatulenceNauseaConstipationColitisKidney stonesGoutAnal fissureBurpingAcid refluxDiarrheaFrequencyConsistencyContentsLengthWidthTextureColourTimeDailyHard, dryMucusChunks/ ballsFeels too big to passLumps pressed togetherLight to dark brown5 min. or less (pass easily to pass)EveryFirmFat floating2-3"1-2"Odd shapes and sizesOrange/ yellow brown5 − 15 min. or less (strain)2 daysSoftBlood3-6"½ - 1"Breaks up in waterGrey15+ min. (strain)WeeklySoftBlood3-6" or morePencil-thinSmooth, well formedBlack	Circle all that a	pply	<i>y</i> :		<u> </u>										
Frequency       Consistency       Contents       Length       Width       Texture       Colour       Time         Daily       Hard, dry       Mucus       Chunks/ balls       Feels too big to pass       Lumps pressed together       Light to dark brown       5 min. or less (pass easily together         Every       Firm       Fat floating       2-3"       1-2"       Odd shapes and sizes       Orange/ yellow brown (strain)         Weekly       Soft       Blood       3-6"       ½ - 1"       Breaks up in water       Grey       15+ min. (strain)         Less than once a week       • watery       of food       6" or more       Pencil-thin       Smooth, well formed       Black												_			
Frequency Consistency Contents Length Width Texture Colour Time  Daily Hard, dry Mucus Chunks/ balls to pass Lumps pressed together brown less (pass easily to pass)  Every Firm Fat floating 2-3" 1-2" Odd shapes and sizes yellow brown (strain)  Weekly Soft Blood 3-6" ½-1" Breaks up in water Grey 15+ min. (strain)  Less than once a week watery of food Pencil-thin Smooth, well formed									+						
Daily Hard, dry Mucus Chunks/ balls Feels too big to pass together brown less (pass easily 2 days  Every Soft Blood 3-6" 1/2 - 1" Breaks up in water Speckles/ bits of food Speckles/ bits of food  Light to dark brown less (pass easily 2 - 1" Odd shapes and sizes yellow brown (strain)  Breaks up in water Smooth, well formed  Black Feels too big to pass 1 - 2" Odd shapes and sizes yellow brown (strain)  Smooth, well formed	Colitis		Kidney stones G		Gout	out   Anal f		issure Burping		Acia reflux		Di	iarrneaار		
Daily Hard, dry Mucus Chunks/ balls Feels too big to pass together brown less (pass easily 2 days  Every Firm Fat floating 2-3" 1-2" Odd shapes and sizes yellow brown (strain)  Weekly Soft Blood 3-6" ½-1" Breaks up in water Grey 15+ min. (strain)  Less than once a week watery of food Pencil-thin or pencil-thin formed	Frequency	(	Consistency	Со	ntents	Ler	ngth	Width	)	Te	exture		Colour		Time
2 days  Weekly  Soft  Blood  3-6"  "2 - 1"  Breaks up in water  Water  Less than once a week  • watery  Soft  Blood  3-6"  "2 - 1"  Breaks up in water  Water  Smooth, well formed  Black  formed  Black		-		†		Chunks/		Feels too big Lumps		Lumps	os pressed		Light to dark		5 min. or
Less than Loose Speckles/ bits of food Speckles/ bits of formed Smooth, well formed Smooth, well formed	2 days							Siz		sizes		yellow brown			
once a week • watery of food formed	Weekly	Sc	oft			3-6"							·		
• Tatty blob		• 1				6" or more						RIACK			

I hereby acknowledge that the personnel at DDHC are not prescribing (ordering for use as medicine) for me at any time, and I will not hold them accountable for such. The services I receive at DDHC are initiated by me for personal reasons.

Signature: Date: