Human Soundcheck

Nutritional Health Consultation with Jamie Dickerhoof CNC, CCMH

Please complete as much of this questionnaire as possible. Please read and sign the two "Understandings" on the last two pages. Then fill out the Symptom Survey.

Name_____ Sex_____ Date____/____/____

Birthdate_____Hight_____Weight_____

Around over or under weight _____ Usual BP_____

Usual heart Rate_____

You wish to consult: (*check one*)

____ For an overall wellness check-up

____ For a particular concern

____ For a particular concern with comprehensive and health program

Do you feel that you are basically healthy?_____ What are your main concerns?

_____

_____

_____

_____

_____

Family Health History

Member	Age if living	State of health	Age at death	Cause of death or poor health concerns
Mother				
Father				
Brothers				
Sisters				
Children				

Check Disease(s) Known To Have Occurred in the Family

__ Diabetes
__ Heart Disease
__ High Blood Pressure
__ Convulsions
__ Tuberculosis
__ Liver Diseases
__ Kidney Disease
__ Lung Problems
__ Allergy
__ Asthma
__ Cancer
__
__ Ulcers
__ Migraines
__Arthritis

Others_____

About Yourself

Work: Present occupation
_____
Previous occupation
_____When:_____

Check one: __ Single __ Married __Widow(ed) __Divorced

Live with: __ Family __ Alone __ Other_____

Do you smoke tobacco? _____ Amount?_____ How long?_____

If stopped, how long since you quit?_____

Do you use caffeine? _____ Amount?_____ How long?_____

If stopped, how long since you quit?_____

Do you use recreational drugs? _____ If yes, which? _____ How often?____

If stopped, how long since you quit?_____

PAST HISTORY

Serious illnesses as a child: (Check appropriate one(s))

___ Rheumatic Fever ___ Kidney Trouble ___ Prolonged Fever
___ Heart Trouble ___ Other_____

Serious illnesses as an

adult:_____

Allergies: Medicines _____

Other_____

Operations/Injuries:

_____

When? _____

_____

When? _____

_____

When? _____

Have you ever been in the hospital for other reasons? (Please indicate when & why)

_____

_____

Has your weight changed in the past year? ___ Yes ___ No

If yes, how much? _____Current weight:_____

Weight 1 year ago: (approx.) _____ Weight 5 years ago: (approx.) _____

FOR WOMEN

Number of pregnancies: _____ Miscarriages: _____ Abortions: _____

Number of living children: _____ Ages: _____

Age when menstrual periods began: _____ Ended: _____

How frequent are periods? _____ How long: _____

Excessive flow? _____ Yes _____ No Spotting between periods? _____ Yes _____No

Pain/cramps during period? _____ Yes _____ No

Blood clots during periods? _____ Yes _____No

Sharp pain in ovaries? _____ Yes _____No

Lumps in _____ Breast _____ armpit _____ groin area

Hysterectomy? _____ Yes _____ No If yes, when?

_____

Menopausal Hot flashes? _____ Yes _____ No

Vaginal Dryness? _____ Yes ____ No

Dry Eyes? _____ Yes _____ No

Burning mouth or tongue? _____ Yes _____ No

Have you taken birth control pills? _____ Yes _____No For how long?_____

If you have since stopped taking birth control pills, when did you stop?

_____

Have you worn an IUD? _____ Yes _____ No If yes, for how long? _____

If you no longer wear an IUD, when did you stop?

FOR MEN

Lumps in groin area or just above and to the side of the penis _____ Yes _____ No

Troubles concerning erection or ejaculation? _____ Yes _____ No

Prostatitis? _____ Yes _____ No

FOR ALL CLIENTS

Please use this space to write in any other important health considerations you may have.
The more specific, yet descriptive, your information is, the more I will be able to help you.

Thank you very much for your cooperation. I wish you abundant well-being and happiness— Jamie D.

PLEASE PRINT THE SYMPTOM SURVEY FORM (SEPARATE DOCUMENT) AND SELECT ALL THAT APPLY TO YOU, WITH SEVERITY LEVEL 1-3.

Please send both the symptom survey and this intake back to me

Agreement & Understanding Before Consultation With:

Jamie Dickerhoof

Before retaining the services of Jamie, I certify that I clearly understand the following:

I understand that Human Soundcheck / Jamie Dickerhoof is not providing medical services. I will not consider anything she says to substitute in any way for consultation, diagnosis, and treatment by a licensed primary health care provider, such as an M.D. Jamie is not a licensed medical doctor (M.D.) or licensed primary health care provider. She does not diagnose, prescribe, or treat symptoms, defects, injury, or disease. This appointment is for educational, wellness, and well-being purposes only. If I want medical advice or treatment, Jamie Dickerhoof encourages me to consult with a licensed primary healthcare provider. I consult with Jamie in her capacity as a holistic health counselor who conveys self-help information that people can use to increase their own health and well-being. I affirm my right to self-health and I take full responsibility for my healing process.

Signature: _____ Date: _____

AGREEMENT AND UNDERSTANDING PRIOR TO

CONSULTATION WITH:

Jamie Dickerhoof CNC, CCMH

Prior to retaining the services of Human Soundcheck / Jamie Dickerhoof CNC, CCMH I certify that I clearly understand the following:

I acknowledge that Jamie is an educator and holistic health counselor and she is not a licensed (allopathic) medical doctor or licensed primary health care provider. She cannot diagnose, prescribe, or treat symptoms, defects, injury, or disease; only provide health counseling or therapies as a Certified Nutritionist Counselor and Certified Clinical Master Herbalist.

I understand that Jamie's sole intention is to offer me general educational information I request. This includes information and recommendations for supplements and dietary guidelines. If I choose to work on myself, then I assume the responsibility is mine.

I understand Jamie to state one should never use her information in any way that contradicts, conflicts, or opposes a course of treatment recommended by a primary health care provider such as a licensed medical doctor. If I ever perceive or feel that information given by Jamie opposes a licensed doctor's treatment or recommendations, Jamie strongly advises me to follow the advice and instruction of my licensed primary health care provider.

I come to Jamie with the purity of purpose of seeking more information. If I am a member of the AMA, F.D.A. or any law enforcement agency, or any city, county, or federal regulatory agency, I will identify myself as such prior to the appointment.

I, the undersigned, hereby voluntarily state that I understand and acknowledge all the above comments as accurately as possible, including the information provided on the symptom survey.

I understand and agree that all services provided by Jamie Dickerhoof are self-pay. Jamie does not bill insurance companies and does not accept insurance.

Date: _____ Signature: _____

Name: _____

Address: _____

_____