Optimal Health Network
Client Intake Form

DATE:

I am happy to help you with any part of your healing program! By submitting this intake form, you are setting your intention to have a phone consultation with me, Kristina Amelong, at a charge of ***$1.80 per minute****.*

The Optimal Health Network respects the privacy of its clients. All personal information provided on this intake form will be held in strict confidence and will not be released to any third party without your prior written authorization.

Name: *(required)*

E-mail: *(required)*

Phone:

Street: *(full address required)*

City: **State:** **ZIP:**

Date of Birth: *(required)*

Occupation:

Weight: **Height:** **Blood Type:**

Blood Pressure: **Cholesterol Levels:**

How many times per day do your bowels move?

Health challenges you currently struggle with:

Check all of the following challenges you have now or have had in the past:

- [ ] Swollen Glands
- [ ] Sinus Infections
- [ ] PMS
- [ ] Rectal Itching
- [ ] Bloating/Gas
- [ ] Arthritis
- [ ] Colon Problems
- [ ] Fatigue
- [ ] Teeth Grinding
- [ ] Nausea
- [ ] Urinary Infections
- [ ] Headaches
- [ ] Depression
- [ ] Irritability
- [ ] Chemical Sensitivities
- [ ] Low Blood Sugar
- [ ] Hemorrhoids
- [ ] Heartburn
- [ ] Cold Hands/Feet
- [ ] Heart Palpitations
- [ ] Bad Breath
- [ ] Frequent Colds/Flu

How did you hear about the Optimal Health Network?

Health benefits you are seeking:

Describe any of the following if relevant:

Addictive struggles:

Joint/muscle aches and pains:

History of antibiotic use:

Cortisone-type drug:

Rash/eczema/skin problems:

Surgery:

Allergies/asthma:

Food cravings:

Yeast problems:

Intestinal troubles:

Blood/mucus in stools:

Perceived brain and mind health (history of TBI or concussions):

Health of your eyes:

Health of your nervous system:

Therapies you've tried for any of the challenges listed above:

Foods you generally eat in an average 48-hour period:

Breakfast:

Lunch:

Dinner:

Snacks:

Exercise regimen (type and frequency):

Describe your adolescence in a few words:

Describe any past or current exposure to toxins that you are aware of:

How much water do you consume daily?

Other beverages regularly consumed:

How often do you cook for yourself?

What oils do you include in your diet?

List all vitamins, minerals, supplements and herbs that you currently take:

List all of the over-the-counter and prescription medications that you currently take:

What are the major stresses in your life and how do you deal with them?

Are you highly knowledgeable about your inner microbiome?

List any history with enemas and/or suppositories:

Check all of the health challenges you would like help with:

☐ Diet ☐ Deep Tissue Cleansing ☐ Fertility Issues ☐ Fasting

☐ Addiction ☐ Weight Loss ☐ Weight Gain ☐ Other **(describe below)**

Are you interested in writing as a health tool?

Are you interested in a mindfulness course?

Please mail this form and any supporting documents to:

Optimal Health Network
3714 Atwood Ave.
Madison, WI 53714

Then book your phone consultation with Kristina at this URL:

http://ohn.genbook.com

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