

**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 \$1.99 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:

Is this your first time having a consultation with Kristina? Enter YES or NO. *(required)*

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?

What health challenges are you currently struggling with? For returning clients, what has or has not changed since your last appointment?

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:

Rash/eczema/skin problems:

Surgery:

Allergies/asthma:

Food cravings:

Yeast problems:

Intestinal troubles:

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

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 initiating this consultation in conjunction with a Hair Tissue Mineral Analysis (HTMA)?
Enter YES or NO.**

**If you are not already subscribed to OHN's e-newsletter, may I sign you up?
Enter YES or NO.**

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:

<https://ohn.genbook.com>

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