

# Vanessa Hitch – Naturopath

# NEW CLIENT FORM

Clinical Nutrition, Herbal Medicine

Practicing at the Fountain Centre

BHSc(CompMed), Dip.Nat., Dip. BotMed., Dip.Nut., Dip.Hom

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NAME:		AGE:	
D.O.B.	OCCUPATION:		
PHONE:	EMAIL:		
HEALTH FUND:	DOCTOR:		
ADDRESS:			
HOW DID YOU HEAR ABOUT US:			
MAIN HEALTH CONDITIONS/COMPLAINTS:			
MAIN REASON FOR YOUR VISIT:			
CURRENT MEDICATIONS:			
CURRENT SUPPLEMENTS/HERBS/NATURAL REMEDIES (INCLUDE DOSE PER DAY):			
KNOWN ALLEGIES / SENSITIVITIES/ INTOLERANCES:			
A SAMPLE OF YOUR DAILY DIET (NOT YOUR IDEAL DIET, YOUR HONEST AVERAGE DIET ☺):			
BREAKFAST:			
LUNCH:			
DINNER:			
MORNING /AFTERNOON TEA:			
JUNK FOOD / TREATS / CRAVINGS:			
DAILY WATER INTAKE:	DAILY COFFEE/S:	DAILY TEA/S:	OTHER:
<b>NOTE: PLEASE INCLUDE/BRING RELEVANT TEST RESULTS AND OR OR BLOOD WORK (available upon request form your GP).</b>			
DISCLAIMER: Any recommendations, tests or supplementation are not intended as diagnostic or for treatment of serious diseases or health conditions but rather to provide naturopathic and nutritional support for improvement of vitality, energy, health and general wellbeing.			