INDIVIDUAL BODY LANDSCAPE CONSULTATION ❖ $185

Body Landscape Nutritional Consultation is available either in person, via video chat (Skype or FaceTime), Phone (USA and Canada), Email or postal mail.
Call to schedule an appointment: 510 844-4164.
Follow-up consultations are available in person, or via Skype or FaceTime, or by phone (USA or Canada only): $59 for 30 minutes. By appointment only.
At least one person must order the Body Landscape Consultation to order the Relationship Compatibility.
All information provided will be kept strictly confidential.

YOUR INFORMATION

Mr Mrs Ms Dr Sister Rev Please circle one (optional)

First and Last Name

Address

City* State/Province/Region*

Postal/Zip Code* Country

Phone Number* Email

Gender:*
- ☐ Male
- ☐ Female

DOB* Time* (HH/MM)

Above time is:*
- ☐ Local Standard Time
- ☐ Local Daylight Savings Time
- ☐ Adjusted one hour back to Standard Time
- ☐ Don't know

Calendar:*
- ☐ Western (solar) Calendar
- ☐ Chinese (lunar) Calendar

Accuracy:*
- ☐ Exact
- ☐ Approximate
- ☐ Per Birth Certificate
- ☐ Unavailable

Birth City* State/Province/Region* Country

PERSONAL HABITS

What do you usually eat for breakfast?

For lunch?

For dinner?

As snacks?

How many times do you snack per day?

How many meals do you eat per day?

Are you currently following a diet regimen? If so, please describe:*

Stamina: In general would you say you are a person of:*
- ☐ High Energy
- ☐ Moderate Energy
- ☐ Low Energy

How often do you exercise?

Smoking?*
- ☐ Yes, I currently smoke
- ☐ No, I have never smoked
- ☐ Smoked but have quit
- ☐ Occasionally smoke (not daily)

Alcohol Consumption?*
☐ Never ☐ Occasionally ☐ Often

Have you ever been addicted to alcohol?*
☐ Yes ☐ ☐ No

Have you ever been addicted to non-prescription drugs/street drugs?
☐ Yes ☐ ☐ No

How many cups of caffeinated beverages do you drink per day?*
(Select the type of beverage and then enter the number of cups)
- ☐ Not Applicable
- ☐ Coffee
- ☐ Black or Green Tea
- ☐ Other

Continued on next page...

INDIVIDUAL BODY LANDSCAPE CONSULTATION, *continued*

Please list any medications you are currently taking, and your prescription start date:

Please list all vitamins, supplements, and herbs you are currently taking: *

HEALTH QUESTIONNAIRE

Please indicate any symptoms you currently have:

- ☐ High blood pressure
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart problems
- ☐ Heart attack
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Chronic cough
- ☐ Asthma
- ☐ Respiratory allergies
- ☐ Sinusitis
- ☐ Nose bleeds
- ☐ Gum disease
- ☐ Cold sores
- ☐ Canker sores
- ☐ Skin allergies
- ☐ Skin rash
- ☐ Food allergies
- ☐ Blood clots
- ☐ Uclers
- ☐ Frequent indigestion
- ☐ Nausea
- ☐ Vomitting
- ☐ Acid reflux
- ☐ IBS
- ☐ Constipation
- ☐ Diarrhea
- ☐ Appendicitis
- ☐ Decreased appetite
- ☐ Abdominal pain
- ☐ Blood in stools
- ☐ Gall stones
- ☐ Hepatitis or jaundice
- ☐ Liver problems
- ☐ Kidney Stones
- ☐ Kidney infection
- ☐ Bladder infection
- ☐ Incontinence
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Painful urination
- ☐ Prostate problems
- ☐ Uterine problems
- ☐ Hearing loss
- ☐ Ringing in the ears
- ☐ Ear aches
- ☐ Dizziness
- ☐ Fainting
- ☐ Low back pain
- ☐ Neck pain
- ☐ Leg cramps
- ☐ Restless legs
- ☐ Swelling in arms or leg (edema)
- ☐ Scoliosis
- ☐ Depression
- ☐ Insomnia
- ☐ Stroke
- ☐ Hyperthyroidism (overactive)
- ☐ Hypothyroidism (underactive)
- ☐ Vision Disability
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Joint pain
- ☐ Chronic fatigue
- ☐ Fatigue
- ☐ Headaches
- ☐ Migraines
- ☐ Low grade fever
- ☐ Anxiety
- ☐ Fear
- ☐ Anger
- ☐ Worry
- ☐ Sadness
- ☐ Impatience
- ☐ Gout
- ☐ High Blood Pressure (hypertension)
- ☐ Low Blood Pressure (hypotension)

Please indicate any symptoms you have had in the past:

- ☐ High blood pressure
- ☐ High Cholesterol
- ☐ Diabetes
- ☐ Cancer
- ☐ Heart problems
- ☐ Heart attack
- ☐ Chest pain
- ☐ Shortness of breath
- ☐ Chronic cough
- ☐ Asthma
- ☐ Respiratory allergies
- ☐ Sinusitis
- ☐ Nose bleeds
- ☐ Gum disease
- ☐ Cold sores
- ☐ Canker sores
- ☐ Skin allergies
- ☐ Skin rash
- ☐ Food allergies
- ☐ Blood clots
- ☐ Uclers
- ☐ Frequent indigestion
- ☐ Nausea
- ☐ Vomitting
- ☐ Acid reflux
- ☐ IBS
- ☐ Constipation
- ☐ Diarrhea
- ☐ Appendicitis
- ☐ Decreased appetite
- ☐ Abdominal pain
- ☐ Blood in stools
- ☐ Gall stones
- ☐ Hepatitis or jaundice
- ☐ Liver problems
- ☐ Kidney Stones
- ☐ Kidney infection
- ☐ Bladder infection
- ☐ Incontinence
- ☐ Blood in urine
- ☐ Frequent urination
- ☐ Painful urination
- ☐ Prostate problems
- ☐ Uterine problems
- ☐ Hearing loss
- ☐ Ringing in the ears
- ☐ Ear aches
- ☐ Dizziness
- ☐ Fainting
- ☐ Low back pain
- ☐ Neck pain
- ☐ Leg cramps
- ☐ Restless legs
- ☐ Swelling in arms or leg (edema)
- ☐ Scoliosis
- ☐ Depression
- ☐ Insomnia
- ☐ Stroke
- ☐ Hyperthyroidism (overactive)
- ☐ Hypothyroidism (underactive)
- ☐ Vision Disability
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Joint pain
- ☐ Chronic fatigue
- ☐ Fatigue
- ☐ Headaches
- ☐ Migraines
- ☐ Low grade fever
- ☐ Anxiety
- ☐ Fear
- ☐ Anger
- ☐ Worry
- ☐ Sadness
- ☐ Impatience
- ☐ Gout
- ☐ High Blood Pressure (hypertension)
- ☐ Low Blood Pressure (hypotension)

Continued on next page...

INDIVIDUAL BODY LANDSCAPE CONSULTATION, *continued*

When did you have these symptoms? *

How long have you had these symptoms?

Please list any surgeries you have had: *

Please list any other current health symptoms or concerns: *

When did you have these surgeries?

How did you hear about us?

PAYMENT AND DELIVERY

Individual Body Landscape Consultation

Total: $185.00

Payment Method *

Select your preferred method of payment to complete your order

- ☐ Pay with credit card or Paypal (invoice sent by email)
- ☐ Mail a check or international money order

Please provide my consultation by: *

- ☐ In person
- ☐ Video chat (Skype or FaceTime)
- ☐ Phone (USA and Canada)
- ☐ Email
- ☐ Postal mail

Thank you for your order