

570.402.2810 office revitalizechiro@gmail.com ShopRite of Broadheadsville 107 Kinsley Drive Brodheadsville, PA 18322 revchiropractic.com	Dr. Lori Sinisgalli Chiropractor Jenene Cherney Nutritionist
RELIEF HEALING PREVENTION REVITALIZE YOUR BODY FOR LIFE	



Client Assessment



DEMOGRAPHIC DATA:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Birth Date: _____

HEALTH HISTORY:

Current Weight: _____ Height: _____ Identified Gender: _____

Age: _____ Blood Type: _____

Ideal Weight: _____ Weight One Year Ago: _____

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GOALS & ROUTINE:

What are your main personal health concerns, in order of importance?

1. _____
2. _____
3. _____

Do you consider yourself happy? Yes _____ No _____

How many (good) hours of sleep do you get each night? _____

Do you consider yourself fit? Yes _____ No _____

How often do you exercise outside of your daily work/home routine?

Describe your physical activity (aerobic, muscular, strength and/or flexibility; include structured classes and recreations such as gardening):

Do you smoke? Yes _____ No _____

Do you get sick often? Yes _____ No _____

Do you have any known allergies or sensitivities? Yes _____ No _____

If so, please list your allergies: _____

Do you have any of the following health conditions: (give dates, symptoms, treatments): cancer, heart disease, hepatitis, venereal disease, diabetes, high blood pressure, high cholesterol, kidney disease, thyroid disease, depression, asthma, anemia, chronic yeast infections, other)?

List any medicine, supplements, or herbs that you're currently taking: _____

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How do you handle stress? _____
 How are your moods in general? _____

Are you covered by insurance? _____
 If so, what type of insurance do you carry? _____
 Are you interested in regular chiropractic care/ adjustments? _____
 Are you interested in learning more about our Nutrient Deficiency Blood Test? _____
 Are you interested in learning more about clean vitamins with 95% bioavailability? _____
 Are you interested in learning more about supplements for weight loss? _____
 Interested in learning more about genetic weight loss? _____

Is there anything else about your health that you feel is important to share?

NUTRITION/FOOD:

Are you a Vegetarian? Yes _____ No _____ Vegan? Yes _____ No _____

How many glasses of water do you drink in a day? _____
 Do you drink coffee? Yes _____ No _____ How often? _____
 Alcohol? Yes _____ No _____ How often? _____

Anything else I should know about your diet, history, or relationship to food?

Are you employed? Yes _____ No _____ Occupation: _____

How many people are in your household? _____ Ages: _____

Marital Status: _____

Have you made any food changes in your life that you feel good about? Yes _____ No _____

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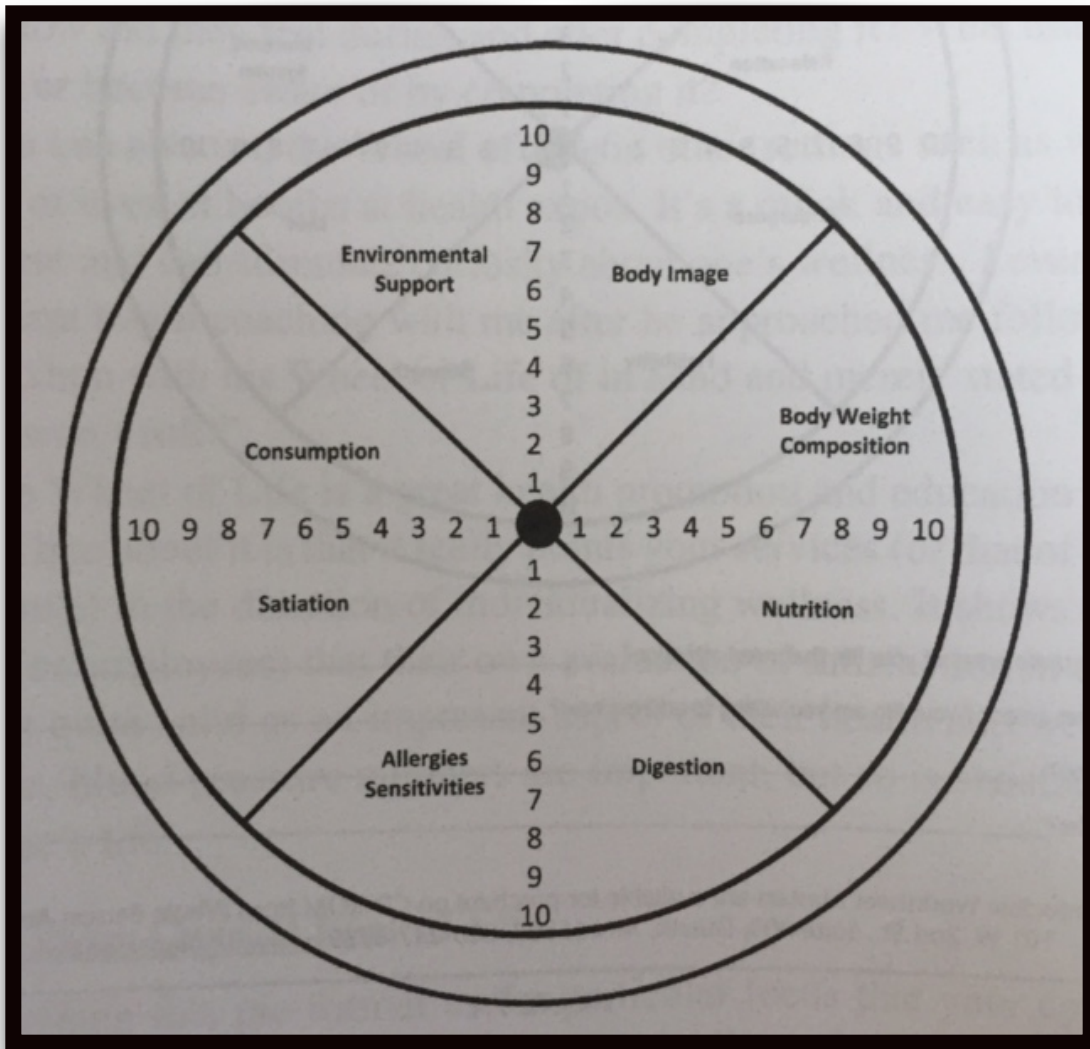
Jenene Cherney
 Nutritionist

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NUTRITION & PHYSICAL SATISFACTION:

Please rate your level of satisfaction in each area of your nutritional life by coloring in the respective pie slices below. The closer you are to 10, the more fulfilled you feel.



Are there areas of your life that need attention? _____
 What areas of your life are you willing to address now? _____
 Soon? _____ Later? _____

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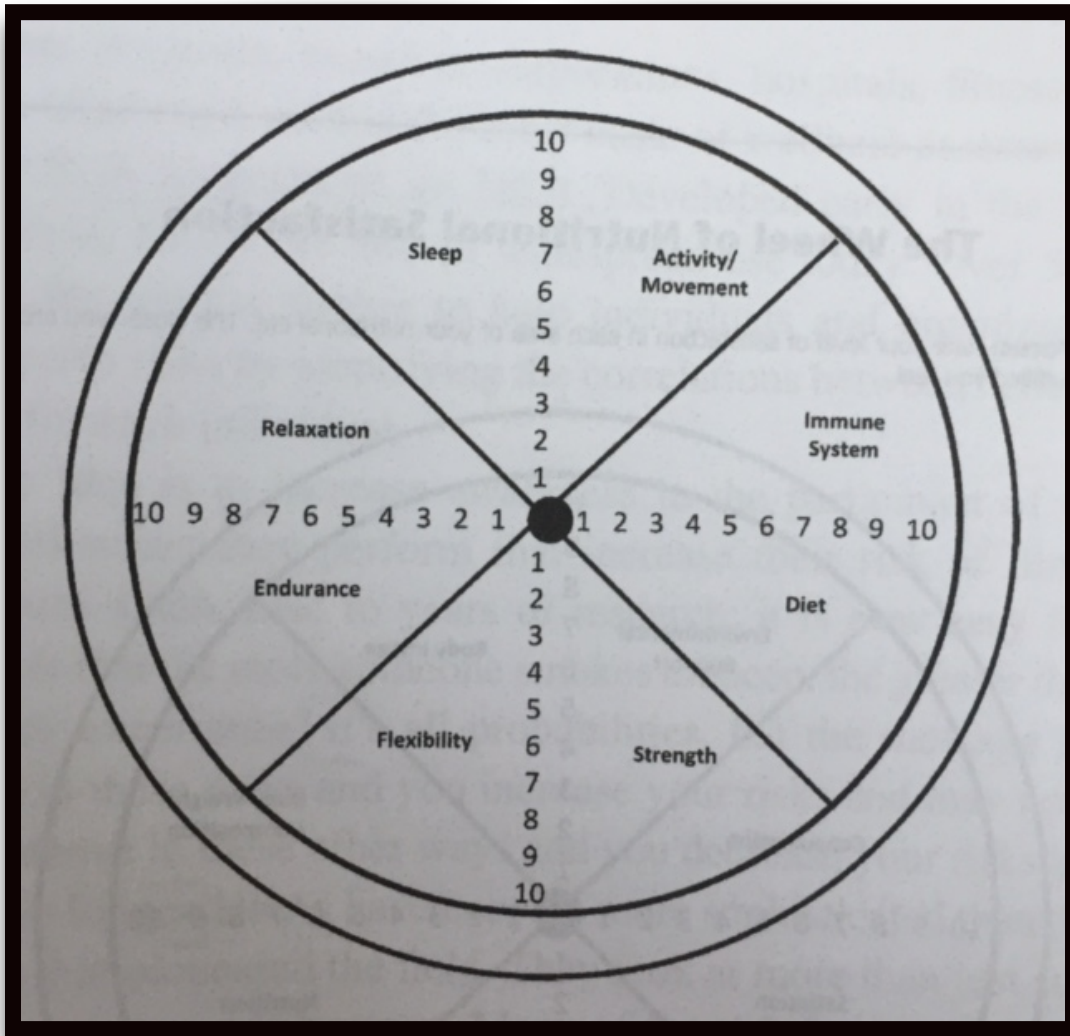
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Please rate your level of satisfaction in each area of your physical life by coloring in the respective pie slices below. The closer you are to 10, the more fulfilled you feel.



Are there areas of your life that need attention? _____
 What areas of your life are you willing to address now? _____
 Soon? _____ Later? _____

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And finally, what is your WHY? Why are you interested in changing your relationship with food? In other words, what are the “anchors” that give you the most intrinsic motivation? When you are faced with challenges that cause you to feel like quitting, what are the things that will keep you from giving up? This is a chance for you to get still with yourself and listen to the highest version of yourself.

Please share your WHY in the section below:

Thank you for sharing all the above information and allowing us to step into a safe space with you to give you the care you need! Please let us know if you have any questions.

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Nutritionist Notes (for Nutritionist use only):

Conditions/Imbalances:

Key Points:

Medications:
