



Life Strength & Health Holistic Center
70 Pearl Street
North Plainfield, NJ 07060
800.503.7127 Ext. 2
www.LifeStrengthandHealth.com

Health History Intake Form

Name: _____ Date: _____

Address: _____ Age: _____

Home Number: _____ Cell Number: _____ Work Number: _____

Email Address: _____ DOB: _____ Sex: _____

How did you hear about us? _____ May we contact you regarding specials & discounts: _____

1. Are you currently under a physician's care for anything? _____ If yes, please list why: _____

2. How often do you have a bowel movement? Daily / Weekly / Monthly How many times per? _____

3. Do you or did you currently have? Blood in Stool _____ Diverticulitis _____ Colon or Rectal Surgery _____

4. Do you currently have? Bleeding or Severe hemorrhoids _____ Ulcerative Colitis _____ Crohn's Disease

(In Acute inflammatory stages) _____ Tumor in Rectum or Large Intestine _____ Rectum Surgery _____

IBS: _____ Uncontrolled High Blood Pressure _____ Varicose Veins _____ Skin Rash _____

If so where is the rash located? _____ Do you have any broken bones or Sprains? _____

If so where are they located? _____

6. Are you currently taking any medications? Y/N _____ If so, what for? _____

8. What are your health challenges and health concerns? _____

9. Are you working with any other Holistic Health Practitioners? If so, with who and what for? _____

10. What do you eat on the average?

Breakfast _____ Lunch _____ Snacks _____

Dinner _____ What percentage of your food is home cooked? _____

11. How many meals do you eat daily on average? _____
12. How much water do you drink daily? _____
13. Do you wake up in the middle of the night? Y/N If so, what times? _____
14. What is your current weight? _____ What weight would you like it to be? _____
15. Do you drink coffee, smoke cigarettes or have any major addictions? Y/N If so, What? _____
16. What role does exercise play in your life? _____ Describe Daily/Weekly Exercise?

17. Are you currently taking any herbs or food supplements (Vitamins, Etc.)? Y/N If so what? _____

18. Are you aware of any issues that would prevent you from getting a massage? _____
19. Are you aware of any issues that would prevent you from getting colon hydrotherapy? _____

PLEASE READ FULLY AND SIGN BELOW

The information provided is accurate and true to the best of my knowledge. I understand that the health practitioners of Life Strength & Health Holistic Center do not diagnose diseases, prescribe medication or manipulate bones. I further understand that the holistic services offered at Life Strength & Health Holistic Center are not a substitute for medical attention or examination.

I understand that Jamal Hester is not a Medical Doctor; he is a health coach that specializes in rebalancing the body through nutritional recommendations, exercise recommendations and through the manipulation of energy (Inner Chi/Urat) as well as other natural holistic health approaches. Initial: _____

I understand that Kimberly Hester is not a Medical Doctor; she is a Colon Hydrotherapist and Massage Therapist that coaches individuals on how to live a healthier lifestyle by taking natural approaches. Initial: _____

I understand that Danielle Singleton is not a Medical Doctor; she is a Health Food Store Advisor and Colenz (Colon Hydrotherapy Unit) trained assistant. Initial: _____

I take full responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. I also understand that there will be a \$20.00 missed appointment fee for all last minute cancellations, and no shows. This fee will be charged to your debit or credit card or paid during your next visit.

Signature: _____ Date: _____