

**Confidential Client Contract for Nutritionist Hollie Bradley**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital status \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Postal code \_\_\_\_\_  
Phone number \_\_\_\_\_  
Email address \_\_\_\_\_  
Profession \_\_\_\_\_

What health concerns are you experiencing presently?

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List all medications that you are presently taking

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Personal Health Section:

Height \_\_\_\_\_ Weight \_\_\_\_\_ Smoker Y/N Alcohol use Y/N  
Frequency \_\_\_\_\_  
Recreational drug use Y/N  
Type \_\_\_\_\_  
Coffee Y/N Cups per day \_\_\_\_\_ Water \_\_\_\_\_ cups/day  
Diet: Is there any foods that you avoid?

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Is there any foods that you crave?

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On a scale of 1-10 rate your satisfaction in these areas of your life:

Stress level \_\_\_\_\_

Relationships \_\_\_\_\_

Job \_\_\_\_\_

Significant other \_\_\_\_\_

Family \_\_\_\_\_

Academic if applicable \_\_\_\_\_

Current energy level \_\_\_\_\_

How many hours do you sleep/night? \_\_\_\_\_ Do you wake up rested? \_\_\_\_\_

Regular exercise Y/N

Are you currently pregnant? Y/N

Are you currently on a form of birth control? Y/N If yes, which type?

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**Medical History:** Please check only those that pertain to you personally:

- Alcohol abuse
- Allergies
- Asthma
- Arthritis
- Bladder/urinary problems
- Bleeding problems
- Blood pressure problems/stroke
- Cancer
- Colitis
- Frequent cold/ flu
- Diabetes
- Digestive disturbances
- Ear problems
- Eating disorder
- Edema
- Epilepsy
- Eye problems
- Fatigue
- Female gynecological problems

- Gall bladder/liver problems
- Gum/teeth problems
- Hay Fever
- Headaches
- Heart disorder
- Hepatitis
- Hypoglycemia
- Joint problems
- Kidney problems
- Lung problems
- Occupational exposure to toxins
- Parasites
- Psychological difficulties (suicide/depression/anxiety/OCD)
- Sexually transmitted disease
- Skin problems
- Thyroid problems
- Ulcer
- Other please specify \_\_\_\_\_

Personal Health History

Please list all the past surgeries you have had, dates, and reasons.

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How many times a year do you get a cold or a flu? Do you have to miss work because of it?

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Please list all known allergies (food and environmental)

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Any other information you would like to mention (history/goals etc.)

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**Hollie Bradley Nutrition Consent for Consult:**

I \_\_\_\_\_ recognize that Hollie Bradley is not a medical doctor but is a Certified Nutritional Professional that is trained in prevention.

Written name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Once completed please e-mail back to [hollie.emilyb@gmail.com](mailto:hollie.emilyb@gmail.com)  
Thank-you!