

Health Status and Permission Form - Cathy Atkinson, ND - cathyatkinson716@gmail.com

*Blessed By Nature, 36 Southview Drive, Arcade, NY 14009
716-498-6188 (cell/text) email: cathyatkinson716@gmail.com*

| | | | |
|--|--|--|---|
| <i>Your full name:</i> | | <i>Email Address:</i> _____ ___ check to receive email ___ check to receive mail ___ check to receive call | <i>Phone#</i> <i>Landline</i> _____ <i>Cell</i> _____ |
| <i>Address: Street, PO Box, City, State, ZIP</i> | | | |
| <i>Occupation:</i> | | <i>Age - Birth Date:</i> | <i>Referred by:</i> |
| <i>What are your health challenges (in order of importance)</i> | | <i>Approximate date first symptoms:</i> <i>Trauma? Emotional – Physical – Mental?</i> <i>Previous surgeries – body parts missing</i> | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| | | | |
| | | | |
| | | | |
| <i>What medications are you currently taking? Include birth control, over-the-counter medicine, therapies?</i> | | <i>What do you take this for?</i> | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| | | | |
| <i>What nutritional supplements are you taking?</i> | | <i>What do you take this for?</i> | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| | | | |
| <i>Diet, Nutrition and General Health Practices</i> | | | |
| <i>Breakfast:</i> | | | |
| | | | |
| <i>Lunch:</i> | | | |
| | | | |
| <i>Dinner:</i> | | | |
| | | | |
| <i>Snacks:</i> | | | |
| | | | |
| <i>How much water do you drink daily?</i> | | | |
| | | | |
| <i>What other beverages do you consume daily?</i> | | | |
| | | | |

Circle the type of foods you crave:

Salty Chocolate Starches Alcohol Sweets Fats Caffeinated Beverages Other _____

How often do you exercise? _____ days/week

What kind of exercise do you do?

How many hours of sleep do you get each night on average?

Do you have difficulty falling asleep at night?

Do you wake up during the night? What time?

What causes you to wake up?

Do you feel rested when you wake up?

How would you describe your energy level?

How would you rate your stress level?

How would you rate your support system (family, friends, church, etc.)

How often do you have bowel movements per day?

Do you experience cramping, pains, loose stools?

How would you describe your digestion?

Do you experience gas, bloating, stomach problems on a regular basis?

Do you smoke?

Do you live near or been exposed to any environmental hazards, chemical wastes?

Have you had any vaccinations / boosters prior to symptoms you experience?

Any additional comments can be written below.

Informed Consent Statement

- 1. I fully understand that Cathy E. Atkinson is a Traditional Naturopathic Doctor (ND) and is neither claiming nor asserting to be a Medical Doctor (MD).*
- 2. I understand that I should continue to see any medical doctors I am currently under the care of, and that any prescription medication should not be altered without first consulting the doctor who recommended it.*
- 3. I understand that nothing said, done, typed, printed or reproduced by Cathy E. Atkinson is intended to diagnose, prescribe, treat, or take the place of a licensed medical doctor.*
- 4. I understand that Cathy E. Atkinson uses a variety of healing modalities to help determine where a person's lifestyle and habits may be out of harmony with the laws of good health. I further understand that these methods of evaluation only reveal a TENDENCY towards strength or weakness of specific body systems and organs and cannot determine specific disease conditions or eliminate the need for diagnostic services offered by licensed physicians.*
- 5. I understand that the decisions I make regarding my health care and the health care of those under my guardianship are my responsibility and certify that I will not hold Cathy E. Atkinson responsible for the consequences of MY decisions.*
- 6. I understand that naturopaths are trained specialists who use non-invasive natural medicine such as herbs, vitamins and minerals, nutrition, complex homeopathic remedies, and other healing modalities to help bring the body back into balance. Naturopaths believe that the body has the natural ability to heal itself, if given an appropriate internal and external healing environment.*
- 7. I understand that Cathy E. Atkinson believes that many diseases are related to unresolved emotional conflicts which may lead to physical pain.*
- 8. I understand that I will be receiving recommendations for various types of healing modalities based on their historical uses, and I am under no obligation to purchase or use any of the products or healing modalities recommended.*
- 9. I am not on this visit or any subsequent visit acting as an agent for the federal, state, county, local agencies, or news media on a mission of entrapment or investigation.*

I have read and discussed the above information and agree with it completely. I, the undersigned, exercise my free choice to have this analysis done for informational purposes, to help evaluate how I can improve my health.

Signed: _____ Date" _____