



WELCOME TO ECO CHIC WELLNESS!

Please help us serve you better by completing this client intake form.

Date _____ / _____ / _____
Month Day Year

First name _____

Last name _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip _____

Phone (____) _____ - _____

Email Address _____

I wish to receive emails from Eco Chic. Yes / No

Gender _____

Date of Birth _____ / _____ / _____

For your comfort and safety, please complete the **health history information** on the following pages.

HEALTH HISTORY CONTINUED

Do you see a chiropractor? Yes No

Do you see a nutritionist or naturopath? Yes No

Do you work out regularly? Yes No

Do you use fluoride? Yes No

Do you use an air filter/purifier or diffuser in your home? Yes No

Do you bio hack/track your sleep? Yes No

Do you wear blue light blocking glasses? Yes No

Do you have a WiFi box and high exposure to EMFs in your home? Yes No

Do you live near a 5G tower or have a Smart Meter on your home? Yes No

Do you have a gene mutation? Yes No

Have you been exposed to molds? Yes No

Do you have any metal fillings or had a root canal before? Yes No

Is your home/tap water filtered? Yes No

Do you use a sauna, red light therapy, or any other holistic methods? Yes No

If yes, please list _____

What "diet" do you subscribe to? Paleo Vegan Whole 30 Keto 80/20 SAD

Have you ever done Whole 30, sugar detox, keto, or paleo for beyond 30 days? Yes No

If yes, which one _____

Have you ever been vaccinated? Yes No

If yes, when was the date of your last vaccine _____

HEALTH HISTORY CONTINUED

Have you had any of the following tests done?

Allergy (food)	Yes	No
Dr. Hilu Blood Test	Yes	No
Functional or Standard Blood Work	Yes	No
Genetic Testing (MTHFR, COMT)	Yes	No
GI-MAP	Yes	No
Mycotoxin Test	Yes	No
Dutch Test	Yes	No
Muscle Testing	Yes	No

What are your health priorities and concerns in order from most important:

Diet and Nutrition	_____	Skin	_____
Digestion and Gut Health	_____	Sleep	_____
Hormones	_____	Stress	_____
Immune System	_____	Testing	_____

Have you read any of the following books?

<i>The Body Keeps the Score</i> by Bessel van der Kolk	Yes	No
<i>Healing Through Wisdom</i> by Chrissy Helmer	Yes	No
<i>How I Healed Cancer</i> by Andrea Thompson	Yes	No
<i>Patient Heal Thyself</i> by Dr. Jordan Rubin	Yes	No
<i>Radiation Nation</i> by Daniel T. DeBaun and Ryan P. DeBaun	Yes	No

Is there anything else we should know? Yes No

If yes, please explain _____