



## CONFIDENTIAL HEALTH HISTORY

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth-date \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Current Weight: \_\_\_\_\_ Weight goal: \_\_\_\_\_ Height \_\_\_\_\_

Relationship Status: \_\_\_\_\_ Children? \_\_\_\_\_ Occupation: \_\_\_\_\_ Hours work/week \_\_\_\_\_

Do you sleep well? \_\_\_\_\_ Do you wake up at night? \_\_\_\_\_ What time do you rise in the morning? \_\_\_\_\_

Constipation/Diarrhea? \_\_\_\_\_ Explain \_\_\_\_\_

What blood type are you? \_\_\_\_\_ Cholesterol Level \_\_\_\_\_ High or Low Blood Pressure? \_\_\_\_\_

Women: Are your periods regular? \_\_\_\_\_ How many days? \_\_\_\_\_ How frequent? \_\_\_\_\_

Painful or symptomatic? \_\_\_\_\_ Please explain? \_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Are you trying to conceive? \_\_\_\_\_

Do you have a specific medical condition? \_\_\_\_\_

Please list any Doctors, therapists, healers, etc. you currently see: \_\_\_\_\_

Do you take any supplements or medications?  
\_\_\_\_\_

How often do you exercise, what form and for how long? \_\_\_\_\_

Do you drink coffee; if so how much? \_\_\_\_\_

Do you smoke, if so, how much? \_\_\_\_\_ Any other addictions \_\_\_\_\_

Are there any foods you feel you cannot go without? \_\_\_\_\_

Do you chew gum and if so how much? \_\_\_\_\_

What is your typical Breakfast? \_\_\_\_\_

Lunch? \_\_\_\_\_

Dinner? \_\_\_\_\_

Do you snack and if so at what times? \_\_\_\_\_ What do you typically snack on? \_\_\_\_\_

What is your daily water and other fluid intake? \_\_\_\_\_

Do you drink alcohol, and if so what kind and how much? \_\_\_\_\_

What percentage of your food is home cooked? \_\_\_\_\_ Where do you get the rest from? \_\_\_\_\_

What % of your food is raw? \_\_\_\_\_ Vegetables? \_\_\_\_\_ Grains? \_\_\_\_\_ Dairy? \_\_\_\_\_

Fish? \_\_\_\_\_ Meats? \_\_\_\_\_ Fruit? \_\_\_\_\_ Desserts? \_\_\_\_\_

How often do you eat fish and meat? \_\_\_\_\_

Have you ever done a cleanse or fast? \_\_\_\_\_ If yes, when and for how long? \_\_\_\_\_

What type? \_\_\_\_\_ How was your experience? \_\_\_\_\_

How much time are you able to commit to this cleanse? \_\_\_\_\_

Have you ever had colon hydrotherapy? \_\_\_\_\_ Practitioner? \_\_\_\_\_

How often do you get bodywork? \_\_\_\_\_ Practice yoga? \_\_\_\_\_ Meditate? \_\_\_\_\_

Please list any serious illnesses, hospitalizations, health injuries or anything that you feel is important for us to be aware of? \_\_\_\_\_

What is your chief concern? \_\_\_\_\_

Family health issues on Mothers'/Fathers' side? \_\_\_\_\_

Any food allergies or other allergies? \_\_\_\_\_

Any strong food likes or dislikes that we should be aware of? \_\_\_\_\_

What are your goals, intentions, objectives for this cleanse?  
\_\_\_\_\_  
\_\_\_\_\_

What are your concerns, fears, potential issues around this week and how can we best support you in this transformative process?  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Start Date \_\_\_\_\_ How did you hear about The Juicy Naam Cleanse? \_\_\_\_\_

Credit Card \_\_\_\_\_ Expiration \_\_\_\_\_

Name on the Card \_\_\_\_\_ Signature \_\_\_\_\_

\*Please note that Consultations are \$250 and the Customized Cleanse is \$150/day. Cleanses of 3 days or longer include a consultation.



### INFORMED CONSENT AND AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby request and consent to participate in The Juicy Naam Cleanse, administered by the practitioner listed below and/or other employees of The Juicy Naam, whether signatories on this form or not.

I understand that all of my records will be kept confidential and will not be released without my written consent with the exception of any necessary review by the staff of The Juicy Naam.

I hereby state that I have provided a full and complete medical history and understand that participating in The Juicy Naam Cleanse does not take the place of advice from my Medical Doctor or health care provider.

I understand that I should consult with my Medical Provider before starting any cleanse or exercise regimen.

I understand that my Medical Provider should personally oversee the elimination of pharmaceutical drugs before, during or after The Cleanse.

I understand that based on my dietary and medical background, a pre-cleanse consisting of a slower process of eliminating harmful foods and medications may be required, and take full responsibility if I choose to modify the recommended pre-cleanse.

I understand that prolonged fasting (longer than 10 days) should not be undertaken without the supervision of a Medical Doctor or health care provider.

I understand that a normal and healthy component of any healing system, including The Juicy Naam Cleanse, that seeks to support the body's internal healing mechanisms, is the phenomena of a healing crisis. A healing crisis is a normal occurrence and can be associated with any medical system.

I, my heirs or legal representatives, in consideration of my participation in The Juicy Naam Cleanse, forever release, waive and covenant not to sue The Juicy Naam, it's employees, or any other people officially connected, for any injury and do release from any and all liability due to sickness or death, from whatever source which might occur during or after participating in The Juicy Naam Cleanse.

I understand that The Juicy Naam may refuse to take on a Cleanse client in cases deemed inappropriate.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions listed above.

\_\_\_\_\_  
(SIGNATURE OF CLIENT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF JUICY NAAM REPRESENTATIVE)

\_\_\_\_\_  
(DATE)

The Juicy Naam  
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