

**Callard Care**  
**Nutrition Client Confidential Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_ Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Ph (\_\_\_\_) \_\_\_\_\_ Work Ph (\_\_\_\_) \_\_\_\_\_  
Cell Ph (\_\_\_\_) \_\_\_\_\_ email address \_\_\_\_\_  
Referred by \_\_\_\_\_ Occupation \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_  
Chief complaint \_\_\_\_\_

Previous treatment(s) for complaint \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physician or other health care professionals? Y N  
If yes, please provide type of therapy/medical care \_\_\_\_\_  
\_\_\_\_\_

List any major illness/surgery/injury with approx. dates \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Marital Status S M D W Name of Spouse \_\_\_\_\_  
Describe your health \_\_\_\_\_ Describe health of spouse \_\_\_\_\_

| Name of Child | Age   | Sex | Any physical conditions or concerns |
|---------------|-------|-----|-------------------------------------|
| _____         | _____ | M/F | _____                               |
| _____         | _____ | M/F | _____                               |
| _____         | _____ | M/F | _____                               |

Family history of illness (circle those which apply): Cancer / Diabetes / Heart / Other  
\_\_\_\_\_  
\_\_\_\_\_

List household pets or other animals you or family members are in close contact with  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_