

GENERAL INFORMATION SHEET

Name: _____ Date: _____

Home Phone: _____ Other Phone: _____

Address: _____

City: _____ State/Prov.: _____ Zip: _____

Country: _____ Email: _____

Occupation: _____ How were you referred? _____

Hair Color: _____ Height: _____ Weight: _____ Age: _____ Sex: M F

Please fill in the following information clearly and thoroughly (use page 3 for extra room if needed):

What are your main health concerns or conditions? _____

Please list any medications or supplements you are currently taking: _____

Please list any recent medical test results you have, such as blood tests: _____

DIET: What are examples of typical breakfasts for you? _____ Beverages

_____ \

Mid-morning snacks _____ \

What are typical lunches for you? _____ Beverages

_____ \

Mid-afternoon snacks _____ \

What are typical dinners for you? _____ Beverages

_____ \

Evening snacks _____ \

How often and what kind of exercise to you do? _____

What kind of water do you drink? _____ Do you use well-water for anything? _____

Average hours of sleep per night? _____ Do you take naps during day? _____

Name: _____

Date: _____

**CIRCLE any conditions or symptoms that presently describe you.
PLACE A STAR next to the symptoms most important to you.**

Joint Pain	Acne	Sinus Headaches
Joint Stiffness	Eczema	Tension Headaches
Arthritis, Osteo	Fungal Infections/Candida	Migraine Headaches
Arthritis, Rheumatoid	Psoriasis	Neuritis
Muscle Pain	Hives	
Muscle Weakness	Hair Loss	Constipation
Muscle Cramps	Slow Wound Healing	Diarrhea
Bursitis	Blurred Vision	Intestinal Gas
Fractures	Cataracts	Bloating
Osteoporosis	Glaucoma	Heartburn
Gout	Meniere's Disease	Celiac Disease
	Tooth Decay	Ulcer
Sweet Cravings	Excessive Plaque on Teeth	Stomach Pain
Sugar Reactions	Gum Disease	Colitis
Irritable before meals	Canker Sores	Gall Stones
Can't Skip Meals		Hemorrhoids
Hypoglycemia	Fatigue	Cirrhosis
Crave Starches	Hypothyroidism	Diverticulitis
Fat Cravings	Low Body Temperature	Tend to Lose Weight
Other Food Cravings	Cold in Winter/Dry Skin	
Food Allergies	Tend to Gain Weight	Anemia
Excessive Hunger	Hyperthyroidism	Easy Bruising
Loss of Appetite		
Diabetes	Anger	Drug Addiction
	Anorexia	Alcoholism
Rapid Heart Beat	Anxiety	Smoking
Skipped Heart Beats	Bipolar Disorder	
Heart Palpitations	Brain Fog	Difficulty Taking Supplements
Heart Attack	Confusion	Scars
Poor Circulation	Depression	Dental Fillings
Dizziness	Irritability	
Low or High Blood Pressure	Mind Races	WOMEN:
Angina	Mood Swings	Premenstrual Syndrome
Arteriosclerosis	Panic Attacks	Water Retention
High Cholesterol_____	Poor Memory	Cramps
High Triglycerides_____	Schizophrenia	No Menstruation
	Trouble Sleeping	Heavy Periods
Cough	Autism	Light/Irregular Periods
Bronchitis	Attention Deficit	Ovarian Cysts
Asthma	Hyperkinesis	Fibroid Tumors
Post-nasal drip	Dyslexia	Abnormal Pap Smear
Sinus Congestion	Seizures	Menopause
Ear Infection	Learning Disability	Fibrocystic Breasts
Ringing in Ears/Tinnitus	Mental Retardation	Breast Tumors
Allergies	Delayed Development	Yeast Infections
Emphysema		Hot Flashes
Multiple Chemical Sensitivity	Bladder Infections	Pregnant
	Kidney Infections	Lactating Mother
Infections/Viruses	Trouble Urinating	
Tumors/Cancer	Frequent Urination	MEN:
Multiple Sclerosis	Painful Urination	Prostate Problems
Parkinson's Disease	Kidney Stones	Impotence
Scleroderma	Water Retention	Infertility

Consent, Disclosure, Disclaimer, and Fees Schedule

Please read the following and provide your name and signatures below as appropriate:

1. Nikki Moses is not a licensed physician.
2. The treatment being provided by Nikki Moses and Moses Nutrition is alternative or complementary to healing arts services licensed by the state of California.
3. The services to be provided are not licensed by the state.
4. The services provided may involve:
 - A. Nutritional balancing based on a hair mineral analysis (a lab-based screening test performed on body hair which shows amounts of 20 different minerals in the hair),
 - B. various forms of muscle testing, including Nutrition Response Testing™, and
 - C. possibly other non-invasive forms of testing and stress-reduction techniques.
 - D. Dietary supplements may be recommended as well as diet suggestions, detoxification procedures and lifestyle recommendations.
5. All testing, techniques and supplements are recommended/provided for the purpose of reducing stress and balancing body chemistry. The theory is that by identifying possible areas of stress and nutritional deficiency through hair mineral analysis and/or other testing mentioned above, one can then provide needed nutrients to reduce stress and balance the body chemistry. None of the services or products recommended or provided by Moses Nutrition or Nikki Moses is intended as diagnosis, prevention, treatment or prescription for any condition or disease.
6. Nikki Moses has a diploma in Nutritional Balancing Science as provided by Westbrook University of Wierton, West Virginia, and taught by Dr. Lawrence Wilson of Prescott, Arizona. Nikki Moses has also trained in various other techniques such as Nutrition Response Testing™ as provided by those various independent training entities. Nikki Moses works as a nutritional consultant only.

I _____ **acknowledge** that I have read and understood the
(please print your name)

information above, and I request that Nikki Moses (Moses Nutrition) perform the above services to set up a program for the purpose of enhancing my health. I authorize Nikki Moses and Moses Nutrition to forward my hair sample (if given) and personal information to Analytical Research Labs of Phoenix, Arizona for a hair mineral analysis and to share my personal information, analysis and/or other testing results with Dr. Lawrence Wilson, and/or any other health practitioner Nikki Moses may consult for the purpose of designing my nutritional program.

Signature: _____ **Date:** _____

Schedule of Fees:

Initial Hair Mineral Analysis Test: \$240
Repeat Hair Mineral Analysis Test: \$145

Phone/Email Consultation: \$60 per hour
In-Office Consultation: \$120 per hour

I have read and understand the fees listed above and understand that payment is due at time of service. I also understand that all fees are subject to change without notice.

Signature: _____ **Date:** _____