



Rosemary Slade  
Mineral-Nutritional-Balancing Practitioner

## New Client Questionnaire

### Welcome! Tell me about yourself

<b>Name</b>					<b>Address</b>			
<b>City</b>					<b>State (Province)</b>			
<b>Zip (Postal Code)</b>					<b>Country</b>			
<b>e-Mail</b>					<b>Phone</b>			
<b>Birthdate</b>		<b>Age</b>		<b>Height</b>		<b>Weight</b>		
<b>Gender</b>		<b>Occupation</b>						
<b>How did you learn about me?</b>								
<p><i>I understand that Mineral-Nutritional Balancing is a means to reduce stress and balance body chemistry. Rosemary Slade is not a medical doctor. Nothing here is intended to discourage anyone from seeking or following the advice of a medical doctor. This is not meant to diagnose, treat, or cure any diseases and isn't a substitute for standard medical care.</i></p>								
<b>Sign or type your name</b>								
<b>Date</b>								



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## Health History

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**What are your main health concerns or conditions?**

**Write the details of your health history starting when you can *remember feeling well* and on from there. Include any vaccinations, illnesses, and trauma and their approximate dates.**

**What medications and/or supplements are you currently taking? Include Botox/Dyport if using now or used in the past.**

**List any 'out of range' (high or low) results from recent medical tests (e.g., blood tests).**

**List illnesses in your immediate family (e.g., heart disease, cancer, TB, diabetes, arthritis).**



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## Health History (continued)

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**What kind of movement/exercise do you do and how often?**

**Approximately how many hours of sleep do you get each 24 hours and what is the quality?**

**List any therapies, diets, supplements, medications, etc. that *you've found helpful*.**

**List any therapies, diets, supplements, medications, etc. that *haven't worked well for you*.**

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What are *Typical Examples* of Your Meals, Beverages & Snacks

<b>Breakfast</b>	<b>Beverage</b>
<b>Mid-morning Snack</b>	<b>Beverage</b>
<b>Lunch</b>	<b>Beverage</b>
<b>Mid-afternoon Snack</b>	<b>Beverage</b>
<b>Dinner</b>	<b>Beverage</b>
<b>Evening Snack</b>	<b>Beverage</b>



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## Diets

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Please select any of the diets you have followed in the past or are now following. You can select more than one

In the past I have tried		I am currently following	
<b>Carnivore</b>		<b>Carnivore</b>	
<b>Keto</b>		<b>Keto</b>	
<b>Low Carb</b>		<b>Low Carb</b>	
<b>Paleo</b>		<b>Paleo</b>	
<b>Pescetarian</b>		<b>Pescetarian</b>	
<b>Vegan</b>		<b>Vegan</b>	
<b>Raw Vegan</b>		<b>Raw Vegan</b>	
<b>Vegetarian</b>		<b>Vegetarian</b>	
<b>None</b>		<b>None</b>	



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## Health Issues & Life Experiences Questionnaire

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- |   |  |
|---|--|
| <input type="checkbox"/> acne                         | <input type="checkbox"/> cold – feeling of           |
| <input type="checkbox"/> addiction – alcohol          | <input type="checkbox"/> colitis                     |
| <input type="checkbox"/> addiction – other substances | <input type="checkbox"/> confusion                   |
| <input type="checkbox"/> addiction – other            | <input type="checkbox"/> constipation                |
| <input type="checkbox"/> allergies – other than food  | <input type="checkbox"/> cough                       |
| <input type="checkbox"/> anemia                       | <input type="checkbox"/> depression                  |
| <input type="checkbox"/> anger                        | <input type="checkbox"/> dermatitis                  |
| <input type="checkbox"/> angina                       | <input type="checkbox"/> development – delayed       |
| <input type="checkbox"/> anxiety                      | <input type="checkbox"/> diabetes                    |
| <input type="checkbox"/> arteriosclerosis             | <input type="checkbox"/> diarrhea                    |
| <input type="checkbox"/> arthritis – osteo            | <input type="checkbox"/> diverticulitis              |
| <input type="checkbox"/> arthritis - rheumatoid       | <input type="checkbox"/> dizziness                   |
| <input type="checkbox"/> asthma                       | <input type="checkbox"/> dry skin                    |
| <input type="checkbox"/> ADD / ADHD                   | <input type="checkbox"/> dyslexia                    |
| <input type="checkbox"/> autism                       | <input type="checkbox"/> eczema                      |
| <input type="checkbox"/> bipolar disorder             | <input type="checkbox"/> emphysema                   |
| <input type="checkbox"/> bloating                     | <input type="checkbox"/> eyes – cataracts            |
| <input type="checkbox"/> blood pressure – low         | <input type="checkbox"/> eyes – glaucoma             |
| <input type="checkbox"/> blood pressure – high        | <input type="checkbox"/> eyes – macular degeneration |
| <input type="checkbox"/> body temperature – low       | <input type="checkbox"/> fatigue                     |
| <input type="checkbox"/> brain fog                    | <input type="checkbox"/> fear                        |
| <input type="checkbox"/> bronchitis                   | <input type="checkbox"/> fissures                    |
| <input type="checkbox"/> bruising – easy              | <input type="checkbox"/> food – allergies            |
| <input type="checkbox"/> bursitis                     | <input type="checkbox"/> food cravings – fats        |
| <input type="checkbox"/> cholesterol – high           | <input type="checkbox"/> food cravings – starches    |
| <input type="checkbox"/> circulation – poor           | <input type="checkbox"/> food cravings – sweets      |
| <input type="checkbox"/> cirrhosis                    |  |



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- food cravings – other
- food – can't skip meals
- fractures
- gallstones
- gout
- hair loss
- headaches – migraine
- headaches – sinus
- headaches – tension
- heart attack
- heart – atrial fibrillation
- heart – palpitations
- heart rate – rapid
- heartburn
- hemorrhoids
- hives
- hunger – excessive
- hunger – little to none
- hyperkinesis
- hyperglycemia
- hyperthyroidism
- hypoglycemia
- hypothyroidism
- infection – bacterial
- infection – fungal (e.g. Candidiasis)
- infection – urinary tract
- infection – viral
- infertility
- intestinal gas
- irritability
- irritability – before meals
- joint pain
- joint stiffness
- kidney infection
- kidney stone(s)
- learning disability
- memory – poor
- Meniere's disease
- mind racing
- mood swings
- multiple sclerosis
- muscle – cramps
- muscle – pain
- muscle – weakness
- neuritis
- obsessive/compulsive
- osteoporosis
- panic attacks
- Parkinson's disease
- postnasal drip
- psoriasis
- schizophrenia
- scleroderma
- seizures
- sinus – congestion
- sleep – insomnia
- sleep – disturbance
- smoking



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- stomach pain
- sugar reactions
- suicidal thoughts
- teeth – decay
- teeth – dental amalgams
- teeth – excessive plaque
- teeth – gum disease
- triglycerides – high
- tumour(s) / cancer
- ulcer
- urination – frequent
- urination – painful
- vertigo
- water retention
- weight – tend to gain
- weight – tend to lose
- wound healing – slow
- yeast infection

### Male

- impotence
- prostate problems

### Female

- breasts – fibrocystic
- breasts – tumors
- fibroid tumors
- hot flashes
- menopause
- menstruation – none
- menstruation – heavy
- menstruation – irregular
- menstruation – light
- menstruation – cramps
- ovarian cysts
- pap smear – abnormal
- pregnant – currently
- premenstrual syndrome
- yeast infection

### Trauma

- abuse – emotional
- abuse – physical
- abuse – sexual