Alison Lively, ND

Creative Living Wellness

Alicia Bliss, ND, RYT

700 E North St, Unit 5, Greenville SC 29601 (864) 313-8812
info@creativelivingwellness.com www.creativelivingwellness.com

Date: _____

Name: _____ Age: _____ DOB: _____/_____/_____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: _____ Children (circle one): Yes No Age(s): _____

Tell us your top three health goals:

1. _____
2. _____
3. _____

General Health Information

Blood type: _____ Height: _____ Weight: _____ Weight one year ago: _____ Desired weight: _____

Do you have a history of an eating disorder? (circle one): Yes No

If yes, please explain: _____

Medical History (i.e. surgeries with dates, childhood and adult diseases): _____

_____

_____

Allergies (food and environmental): _____

Please list your current and ongoing symptoms/health issues in order of priority (i.e., mild skin rash, moderate knee pain, severe anxiety):

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Medications and Supplements

Current medications (include name or brand, dosage, frequency)	Current Supplements (vitamins, minerals, herbals)

Food and Diet

Describe typical meal choices:

Breakfast	Mid-morning snack	Lunch	Afternoon snack
Evening meal	**Evening snack**	**Beverages (water, coffee, soda, alcohol, etc)**	

Percentage of food cooked at home: ☐ 90-100% ☐ 75% ☐ 50% ☐ Less than 50%

Food cravings: _____

Lifestyle

Stress Level (circle one): 1 2 3 4 5 6 7 8 9 10 (highest)

Explain rating: _____

Average hours of sleep per night: _____ What do you do to relax? _____

Exercise

Type of Exercise	Duration	Times per week

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Statement Of Release

I acknowledge that Alison Lively has not, does not, or will not attempt to treat, prevent, cure, or relieve a human disease, ailment, defect, complaint, or other condition, whether physical or mental, by attendance or by a device, diagnostic test or other means, or to offer, undertake, attempt to do so, or to hold oneself out as able to do any of these acts.

I acknowledge Alison Lively is a Doctor of Naturopathy, Certified Natural Health Professional, and is proficient in nutrition, iridological analysis, applied kinesiology, and herbology. Her sole purpose is to educate as to the historical use of foods, minerals, vitamins, and herbs.

I understand that any suggested minerals, vitamins, and herbs are sold as food and nutritional products only. They are not sold for the prevention, cure, treatment or mitigation of disease.

I understand that I MUST COMMIT MY OWN PERSONAL EFFORTS to the services provided, and that the success of any program in which I enter will depend on a large degree to my understanding, determination, and perseverance.

I acknowledge that my signature indicates that I have read, understand, and agree with all the above statements.

Signature: _____ Date: _____

How did you hear about us? _____

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Cancellation & No Show Policy

We understand that situations arise in which you must cancel your appointment. It is therefore requested that if you must cancel your appointment, you **provide at least 24 hours notice**. This will enable us to schedule another person who is waiting for an appointment to be scheduled in that appointment slot. With cancellations made less than 24 hours notice, we are unable to offer that slot to other clients.

Appointments which are cancelled with less than 24 hours notification may be subject to a $50.00 cancellation fee.

Clients who do not show up for their scheduled appointment without a call to cancel will be considered a **NO SHOW**. Clients who No Show two (2) or more times within a 12 month period will be required to pre-pay for any future appointments.

The Cancellation and No Show fees are the sole responsibility of the client and must be paid in full before the client's next appointment.

Our practice firmly believes that good practitioner/client relationships are based upon understanding and good communication. Questions about cancellation and no show fees should be directed to the Billing Department at (864) 313-8812.

Please sign to confirm that you have read, understand, and agree to this Cancellation and No Show Policy.

Client Name: _____ Date: _____

Signature of Client or Client Representative: _____