Balanced Health & Fitness

A Wellness & Detox Center for the Whole Body & Mind

4245 Capitola Road, Suite 104,
Capitola, CA, 95010 ★ 831-234-2950 ★ email: BalancedHealthFitness@gmail.com
www.BalancedHealthandFitness.org

Genea Sparks ★ Owner, C.P.T & C.N.

NUTRITIONAL BALANCING QUESTIONAIRE

Name: ______________________ Age: ______ Sex: M F Date: ____________

Address: ______________________ City: ____________ State: _____ Zip: ____________

Phone: Home: ______________ Cell: ______________ Work: ______________

Email Address: ______________________ Height: ________ Weight: ________

Occupation: ______________________ How were you referred: ______________________

What are your main health concerns or conditions? ______________________

Please list any medications or food supplements you are currently taking: ______________________

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

Please list illnesses in your family such as Heart Disease, Cancer, TB, Diabetes or Arthritis: ______________________

Diet: What are examples of typical breakfasts for you? | Beverages

Mid-morning Snacks: ______________________

What are typical lunches for you? ______________________

Mid-afternoon Snacks: ______________________

What are typical dinners for you? ______________________

Evening Snacks: ______________________

How often and what kind of exercise do you do? ______________________

How many hours of sleep do you get per day? ______ Do you smoke? ☐ Yes ☐ No How much? ______ /per day

Do you drink alcohol? ☐ Yes ☐ No How much? ______________ /per week

Do you drink caffeine? ☐ Yes ☐ No How much? ______________ /per day

How much water do you drink per day? ______________ What kind? ______________

List other beverages? ______________________