



Holistic Naturopathic Center

Lifestyle Questionnaire

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Board Certified Doctor of Naturopathy

Registered Nutritionist • Master Herbalist • Licensed Biofeedback Therapist

Certified Medical/Corrective Exercise Specialist • Certified Life Coach

Before I can assess your condition and suggest changes to improve your health, I will need your help. All of your responses are confidential. This is a lifestyle inquiry, not a medical questionnaire. In some cases, it may be necessary for me to get the approval of your physician prior to making recommendations regarding changes in your diet, lifestyle, etc. Please fill out this form completely and honestly.

Name (Please Print): _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____ Cell Phone: _____

Height: _____ Weight: _____ Occupation: _____

Blood Type (if known): _____ Sex: _____ Date of Birth: _____

How did you hear about HNC? _____

Are you currently married or involved in a relationship? Married Yes No

Spouses name _____ # of Children: ____ Ages: _____

If you are married or living with a partner, would you describe your relationship as:

Excellent Very Good Good Fair Poor Don't know why you are still together

Primary physician's name, address & phone (include area code): _____

Date of last doctor's visit: _____ Reason for visit: _____

Please list your reasons for seeking this consultation (continue on back if necessary):

List all of the things that you would like to change in any way regarding your health, lifestyle or life (continue on back if necessary):

Prescription drugs and supplements and reason for each drug (continue on back if necessary):

Describe any previous surgeries or medical procedures (continue on back if necessary):

Do you or did you ever smoke? Yes No If yes, when, how long, how much?

Do you drink caffeinated coffee or tea? _____ Cups per day of each: _____

Do you drink beer, wine or other alcoholic beverages? _____ Please describe types and amounts per week: _____

Do you drink tap water or filtered water? (If filtered, indicate type of filter): _____

How old is your home/condo/apartment? _____ Do you have wall-to-wall carpets? _____

Please describe what you feel are the major "stresses" in your life. (Be open and honest)

You usually sleep from about _____ o'clock to _____ o'clock most nights.

Do you exercise regularly? _____

How many minutes each time? _____ How many times a week? _____

What type of exercise? _____

Is your energy level highest in the morning, evening or mid-day? _____

How many times a day (or a week) do you have a bowel movement? _____/day or _____/week. How many times a month are you constipated (36+ hours without a bowel movement)? _____

Please list and describe any occurrences or occupations during your lifetime which exposed you to, or placed you in proximity with, any of the following, either on a regular basis or occasionally, but in high (very easy to smell) concentrations:

Solvents, disinfectants, cleaning fluids or other petrochemicals.

Paints, lacquers, polyurethanes, glues or caulking compounds.

Radiation or radioactive items.

Chlorine, ammonia or swimming pool chemicals.

Gasoline or other flammable liquids

Vapor from printing inks or photocopiers or plastics. Describe below:

Do you currently or have you ever used any recreational or sports enhancement drugs (either prescribed or not)? Yes No (If yes, please explain): _____

Do any immediate family members have any medical conditions that are known to be hereditary, e.g., diabetes, heart disease, cancer? If so, please indicate below your relationship to the person(s) and the medical condition.

Please indicate how late in the evening I may return phone calls: _____

Can we text you to confirm appointments? _____

Dr. Glenn B. Gero is not a medical doctor. He will not prescribe drugs, diagnose illness, cure any disease or recommend any changes of your prescribed medications. Dr. Gero is a trained and certified natural health specialist, registered nutritionist, master herbalist, exercise specialist, certified biofeedback therapist, lifestyle coach and educator. He performs wellness consultations regarding diet, nutritional supplementation, botanical medicine, exercise, mind/body imbalances, stress reduction techniques, integrative/complementary healing and will refer to, and consult with, other health and medical professionals when appropriate. Dr. Gero does not participate in any third party insurance plans.

I, further, understand that there can be no guarantees in the field of health. I realize that if I am not willing to work toward my health, there are no magic pills which can reverse the problems caused by an incorrect diet, unhealthy lifestyle and many years of bad habits. The work will be up to me, with Dr. Gero serving as a guide and educator.

Signed: _____ Date: _____