



HUCKLEBERRY LANG

MASTER IRIDOLOGIST & HERBALIST

NEW CLIENT INFORMATION

Please print clearly. Complete page 1 and 2.

Name: _____ Date: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email Address: _____

Easiest place to reach you: _____ May we leave a message? Y/N

Referred by: _____

Occupation: _____ Employer: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____

Current Complaints (reason you are here): _____

Current medications/drugs being taken with dosages: _____

Are you currently under the care of a physician or other health care professionals? If yes, please give name: _____

Are you currently taking vitamins, herbs or nutritional supplements? If yes, please list: _____

Personal Habits: Do you use the following and if so, how much?

Cigarettes _____ Coffee _____ Alcohol _____

Soda _____ Sugar _____ Non prescription drugs _____

New Client Info Page 1, see reverse for Page 2.

P: 256.739.0280 E: huckleberrylang@gmail.com

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NEW CLIENT INFORMATION, PAGE 2

Name: _____ Date: _____

HEALTH HISTORY:

List any major illnesses, injuries, surgeries (with approximate dates):

Any major scars or body piercings (please list): _____

of pregnancies: _____ Are you currently pregnant: Y/N

Marital status (please circle): Single, Married, Divorced, Widowed

Name of Spouse or Partner: _____

Describe health of Spouse or Partner: _____

of Children: _____ Any concerns or health issues (if so, please list):

Any family history of serious illnesses (circle those which apply): Cancer / Diabetes / Heart / Stroke / Other: _____

Any household pets or other animals you or family members are in close contact with:

How can we help you? _____

SIGNED: _____ DATE: _____



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DISCLOSURE

I understand that Robert Lang, ND, is recommending the above supplementation and nutritional program based upon his understanding and experience as a Nutritional Consultant. I also understand that this program is not intended as medical advice and does not replace the need for medical treatment and/or advice from my physician. I have been advised to consult with my physician prior to starting the above supplementation and nutritional program.

Signature: _____

Date: _____