

# Creative Juices Consulting

## CONTACT & FOOD ALLERGY FORM

|               |  |
|---------------|--|
| Today's Date: |  |
|---------------|--|

### CONTACT INFORMATION

|                  |   |                     |   |
|------------------|---|---------------------|---|
| First Name       | Last Name                                   | Marital status      |   |
|                  |   | Spouse/Partner Name |   |
| Street Address   | City  | Zip                 | Birth date  |
|                  |   |                     | Age<br>Male    Female   |
| Email Address    | Home phone number                           |                     | Cell phone number   |
| Occupation       | Do you have a Facebook Account<br>Yes    No |                     | Would you like to receive Wind River newsletters<br>Yes    No |
| Cancer Diagnosis | Date of Diagnosis                           |                     |   |

### FOOD ALLERGY INFORMATION

|                                      |                        |                                   |  |
|--------------------------------------|------------------------|-----------------------------------|--|
| Do you have any food Allergies       | If yes, please list    | If yes, do you require an epi pen | If yes, do you carry an epi pen with you |
| Yes    No                            |                        | Yes    No                         | Yes    No                                |
| Are there foods you avoid            | If yes, please list    | Do you have high blood pressure   | Do you have high cholesterol             |
| Yes    No                            |                        | Yes    No                         | Yes    No                                |
| Do you have any dietary restrictions | If yes, please explain | Do you have Diabetes              | Other:                                   |
| Yes    No                            |                        | Yes    No                         |  |

The following are the most common source of food allergies.

Milk    Eggs    Peanuts    Tree nuts    Fish    Shellfish    Soy    Wheat/Gluten

|  |                                    |                                 |
|--|------------------------------------|---------------------------------|
| Which one of the following best describes your nutritional style | Do you follow a specific diet plan | What are your nutritional goals |
| Standard    Low fat    Vegetarian    Vegan    Flexitarian        | Yes    No                          |                                 |
| Raw    Anti-Inflammatory    Low Carb/High Protein    Macrobiotic | If yes, which one                  |                                 |

Would you be interested in ongoing nutritional support                      Yes    No

|                                       |  |        |
|---------------------------------------|--|--------|
| Do you have juicer or juice extractor | If Yes, which brand:    Vita-Mix    Blendtec    Bullet | Other: |
| Yes    No                             | Jack LaLanne    Hamilton Beach    Cuisinart            |        |

### QUESTIONS

Do you have any specific questions about nutrition?

