

Client Information Intake Forms for Lana M. Kontos, ND
Board Certified Naturopathic Doctor, Certified Diet and Lifestyle Intervention Practitioner
[lana@lanakontos.com](mailto: lana@lanakontos.com)

Please provide the following information to Dr. Lana via email at [lana@lanakontos.com](mailto: lana@lanakontos.com) no later than 48 hours prior to your phone consultation.

Note that there is a \$50 fee if these completed documents are not received at least 48 hours prior to your consultation or there is a cancellation within 24 hours of your phone consultation. This is incredibly rare because our clients are very professional.

Please type or print clearly, handwriting is sometimes hard to decipher.

Client Intake Form

Client Name:

Date:

Best Email:

Mailing Address: City, State, Zip

Home Phone:

Cell Phone:

Referred by:

My Height:

My Current Weight:

My Goal Weight if desire is to lose or gain weight:

My Age:

My Birth Date:

Male:

Female:

Do you have children:

Ages of children:

Females list number of pregnancies:

Number of vaginal births:

Number of C Sections:

My #1 wellness goal in our work together is:

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I have been diagnosed as having:

Date of Diagnosis:

List all prescription meds you are currently taking including dosages:

List prescriptions medications you have taken in the past:

**List all non-prescription medications you are using and how often you use them:
(Tylenol, Tums, Cough Syrup, Aleve, Aspirin, Nasal Sprays etc.)**

**List all vitamins and all supplements you are taking, along with dosages and frequency
of use including protein drinks, powders & amino acids.**

List all major and minor injuries, including automobile accidents:

List any surgeries you have had including year of surgery:

List any disabilities, allergies, sleep disorders, etc.

List or describe anything else that is of concern to you:

List all your recurring symptoms:

Do you experience pain regularly? Where?

Do you experience any bloating, gas, diarrhea, or constipation? Describe.

List the sources of your stress:

What have you done that has made you feel better? (if applicable)

Describe your exercise program:

**Stress Symptom Survey:
Check off all that apply to you:**

Physical Stress Symptoms:

- Backache
- Soreness, tightness in shoulders or neck
- Persistent cough
- Chronic infections
- Hives
- Skin rashes
- Itchy skin
- Fatigue
- Insomnia
- Headache
- Anxiety

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- Clenching teeth
- Muscle spasms
- Nail biting
- Heart palpitations/racing heart
- Stomachache
- Breathing issues.
- Infertility
- Nausea
- Sweaty Palms
- Ringing in the ears
- Restlessness
- Cold Hands

Behavioral:

- Addictive behavior
- Aggression
- Hyper-critical of self and others
- Nervous habits such as pacing, tapping your foot.
- Compulsive eating
- Biting fingernails
- Inability to get things done.
- Forgetfulness
- Inability to make decisions.
- Constant worry
- Loss of sense of humor
- Crying for no reason.

Emotional:

- Feeling powerless.
- Overwhelming sense of pressure
- Anxiety
- Edginess
- Easily upset.
- Excessive anger
- Unhappy for no reason
- Feeling that you have no purpose.
- Loneliness
- Despair
- Inability to let go.
- Constant fear

4 DAY FOOD JOURNALS

Please be specific and honest. Write down every piece of food, drink, stick of gum or mint that goes in your mouth for 4 days. Track the time you ate, how you felt and your water intake. Do this on 4 normal days, not on vacation or in abnormal circumstances. Eat the food then write it down so there is little error.

Submit it to lana@lanakontos.com at least 48 hours prior to your phone consultation.

DAY ONE

FOOD

TIME OF DAY

HOW I FELT AFTER I ATE

BREAKFAST:

LUNCH:

DINNER:

SNACKS:

WATER INTAKE: I drank _____ ounces of plain water today.

DAY TWO

BREAKFAST:

LUNCH:

DINNER:

SNACKS:

WATER INTAKE: I drank _____ ounces of plain water today.

DAY THREE

BREAKFAST

LUNCH:

DINNER

SNACKS

WATER INTAKE: I drank _____ ounces of plain water today.

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DAY FOUR

BREAKFAST:

LUNCH:

DINNER:

SNACKS:

WATER INTAKE: I drank _____ ounces of plain water today.

List your 5 favorite foods:

List 5 foods that you hate:

Favorite meals:

Favorite restaurants:

BULLET POINT LIFE FORM

Name:

Email:

Date:

Write down in short bullet point form below, specific, important life events (personal and professional) that have happened over the past year or years.

Note events or stress around: sleep, travel, work, family, relationships, social life, birth, deaths, weddings, funerals, divorce, illness in the family.

No matter the type of consult you are having Email all these completed Client Information Intake Forms to lana@lanakontos.com no later than 48 hours prior to your consultation.

Bullet Point Life Events & Positive and Negative Stress Points:

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DISCLAIMER

Clients please read, sign and date this document. Email this along with client forms to lana@lanakontos.com at least 48 hours prior to your personal phone consultation.

I, _____ am acting on my behalf and acknowledge, understand, and agree to the following statements concerning my consultation with Dr. Lana M. Kontos, N.D., LDHS, I understand I am here to learn about optimal health practices and that I will be offered information about dietary protocols, lifestyle habits as a guide to general good health.

Lana M. Kontos is a Board –Certified Naturopath and a Trained and Certified Diet and Lifestyle Intervention Practitioner and a Digestive Health Specialist who specializes in the field of cardiovascular disease, digestive disorders such as GERD and IBS, and permanent weight loss.

Lana M. Kontos, ND is not a registered dietitian or a medical doctor. Naturopaths and nutritionists who are not dietitians are not licensed in Ohio or most states. This is the practice of classical naturopathy and lifestyle medicine / dietary intervention not the practice of medicine.

The use of nutrition and natural health interventions is not recognized by traditional medical practitioners as a means of stopping or reversing disease. I fully understand that those who counsel me are not medical doctors and are not here for medical diagnostic purposes or treatment procedures.

I am not on this visit or any subsequent visits or using any of the programs, workshops, or materials from Lana M. Kontos, ND, LDHS as an agent for the federal, state, or local agencies or on a mission of investigation from any third party.

The services performed by Lana M. Kontos, N.D., LDHS or others at Inspired by Wellness, L.L.C. are at all times restricted to consultation about nutritional matter intended for the maintenance of the best possible state of nutritional health and do not involve the diagnosing, treatment or prescribing of pharmaceutical drugs or any other remedies for disease.

I fully understand the material I will learn from Lana M. Kontos, N.D. LDHS, and at Inspired by Wellness, L.L.C. is for educational and informational purposes only and in no way should it be used as a substitute for recommendations from my own primary care physician, or doctor specializing in my care.

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I understand that Lana M. Kontos, N.D., LDHS, does not diagnose or treat diseases and will provide me with educational material based in science to help promote positive health outcomes.

The purpose of my consultation with Lana M. Kontos, N.D., LDHS, is to help me to review the relevant research concerning diet and my condition, to make informed decisions about my health.

All of the material, information and facts in the personal consultations, private and group classes of any type, on <https://inspiredbywellness.com> site, in any and all Eat for the WIN Programs, any books, or on any other sites and in any other programs owned and operated by Lana M. Kontos, N.D. came from medical files, clinical journals, scientific publications, trade books and training from Board Certified Medical Doctors who have reversed degenerative diseases in thousands of humans for decades.

Everything is based on peer- reviewed, gold -standard research. This material is based on science however you should not consider this educational material herein to be the practice of medicine or to replace consultation with a physician or other medical specialist. Lana M. Kontos, N.D., LDHS and the staff at Inspired by Wellness, L.L.C. are providing you with this information so that you can have knowledge. You can choose, at your own risk to act on that knowledge.

We invite you to refer colleagues, friends and family to Lana Kontos, N.D., LDHS, who may find working with her extremely helpful in their quest to find optimum health.

This rare, science -based information may prevent or even reverse degenerative disease. I understand there are no guarantees in my health outcomes as I work with Lana M. Kontos, N.D., LDHS, and / or any other staff member or contract employee at Inspired by Wellness, L.L.C.

I understand and have read the above information. I fully understand the products and protocols explained to me do not replace the services of my physician(s) or any other doctors involved in my care.

If under a doctor's care and I use this information or services without my doctor's approval I am assuming full responsibility and hereby fully and forever release Lana M. Kontos, any staff, employees or contract employees and Inspired by Wellness, L.L.C. from all liability.

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I am personally responsible for all action I take regarding information I learn from Lana M. Kontos, N.D., LDHS, and or Inspired by Wellness, L.L.C.

I am of lawful age and have read and fully understand the contents of this document and the complete terms and conditions herein. This agreement contains the complete agreement between the parties and no other guarantees or refunds will be given. If a client is under 18 please fill out their name here and sign as legal guardian.

When a patient seeks health care consultations or health recommendations from Lana M. Kontos, ND, LDHS, or Inspired by Wellness, LLC or any team member of Inspired by Wellness, LLC, and Lana M Kontos, ND, LDHS, and – or, Inspired by Wellness, LLC accepts a patient for such care, it is essential for both to be working towards the same objective.

We have one goal: Support the patient or client in restoring the body to optimal health using an inclusive approach of natural therapies and solutions.

Inspired by Wellness, LLC may recommend health products or care beyond what the patient has initially requested because it may support the patient's body in reaching their optimal health, energy, and overall wellness.

The patient may decline any recommendations. Lana M. Kontos, ND, LDHS, or Inspired by Wellness, LLC team may share product websites for the patient to learn more about a certain natural solution or therapy. Lana M. Kontos, ND or any member of Inspired by Wellness, LLC will not solicit business opportunities. For more information on the solutions and therapies, visit <https://inspiredbywellness.com>

Date:

Print Child's name (if client is under 18):

Print Name of responsible parent or guardian if client is under 18:

Print Name of Adult Client:

Signature of adult client or parent or guardian: