**New Client Questionnaire**

Homeopathic Spike Detox

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What Are Your Current Presenting Symptoms?**

**Check all that apply:**

* I have contracted COVID at some point. Yes: \_\_\_\_\_ No: \_\_\_\_\_\_
* I have received some form of the COVID injection. Yes: \_\_\_\_\_ No: \_\_\_\_\_\_
* I have had, or currently have, Long-COVID. Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

If yes,

* Currently: \_\_\_\_\_ In the past: \_\_\_\_\_\_
* Do you still you have lingering symptoms? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

**When Did the Symptoms Start?**

* After the COVID injection? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_
* After becoming infected with COVID? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

**Did you have any of these symptoms before receiving the injection or contracting COVID?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

If yes, after contracting the illness or receiving the injection:

* Did symptoms worsen? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_
* Did symptoms remain at the same level? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

**Did you have any diagnosed medical conditions prior to 2020?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_\_

If yes, list here: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide any additional comments or symptoms not previously listed above.**

**Thank you so very much for filling out this questionnaire.**

**Please email it back to:** **TotalHealthyLifestyle@gmail.com**