Wellness Balance
Transform Your Body's Natural Power

Complete all forms, sign the acceptance and fax to Toll Free 1-866-850-7619

Part 1: General Information

Name:_____ Date of Birth:_____
Year of Birth – Mom_____Year of Birth – Dad_____Current Address:_____
City:_____Prov./State:_____Zip/Postal Code:_____
Phone:_____ Home Phone #_____ Work # _____
Email Address: _____ ViralScore™ Referred by: _____

Do you currently take vitamins or other supplements: No Yes *If Yes, please list on separate sheet.*

Part 2: Section 1: Medications
Please check any of your following conditions/medications or medical procedures you are currently taking or have done up to today's date.

☐Antacids
☐Antibiotics
☐CT Scan
☐MRI Scan
☐Pain Medications
☐Antidepressants
☐Heart Medications
☐Water Retention
☐Anti-Inflammatory
☐Medications
☐High Blood Pressure
☐Oral Contraceptives
☐Chemotherapy
☐Steroids
☐Laxatives
☐Thyroid
☐Ulcer
☐Other – please list
_____
_____
_____

Family History (Please check any that applies)
☐Diabetes
☐Cancer
☐Heart Disease/Hypertension
☐Lyme Disease
☐Hepatitis/Liver Disease
☐Alcohol-related Disease
☐Stroke
☐Emotional/Mental Disorders
☐Other – please list
_____
_____

Childhood History (Please check any that applies)
☐Measles
☐Mumps
☐Strep throat
☐Dry Cough
☐Skin breakouts
☐Ear infections
☐Sinus problems
☐Chickenpox
☐Received all vaccinations
☐Slow learner
☐Mono
☐Other – please list
_____
_____
_____
_____

Number of glass of water daily _____
Bottled, well or Tap Municipal (circle)
Number of times/Smoke/Day _____
Number of amalgam/fillings _____
Number of known allergies _____
Number of major infections/past _____
Personal stress- work (1-10) _____

Food intake last 24 hours – list on separate sheet
Sugar types/day Artificial/Natural _____
Number of Alcohol drinks/day _____
Number of caffeine/products _____
Number of major injuries/past _____
How many pounds overweight _____
Personal Stress – home (1-10) _____

Cosmetic types used – please list
_____
_____

The following information is provided to this facility for nutritional information. The information being sought is of a nutritional nature and not a medical diagnosis treatment, disease prevention or health assessment. I hereby certify that I am not an employee, agent, or otherwise affiliated with the Federal Drug Administration, Health Canada or a related agency. I further understand: According to the Federal Food, Drug and Cosmetic Act, as amended, Section 201 (g) (1), the term "drug" is defined to mean; Articles intended for the use in the DIAGNOSIS, CURE, MITIGATION or PREVENTION of disease. In other words, to "say" that vitamin, mineral, trace or amino acids will have any effect on disease or symptoms thereof, that a particular nutrient then becomes a DRUG under the law as written. Therefore, any suggested nutrition is not intended as primary therapy for any disease or symptom, but is provided safely to upgrade the quality of foods delivered through the diet. By providing information you are aware that you are consenting for information to be used under the name ViralScore™-Nutritional Self-Evaluation. Information provided will be used for statistical gathering of data purposes only. No confidential information obtained will be used for any other purpose other than the ViralScore™ program.

Signature of Client/Member_____ Date_____