

HEALTH PROFILE FORM

- 25. Do you enjoy being with other people, or would you rather keep to yourself? _____
- 26. Do you read, watch television, spend time on your computer, or listen to country, swing, classical, jazz, rock, hip-hop, or any other kind of music? _____
- 27. What time do you arise in the morning and retire to bed at night? _____
- 28. Please include any information that you feel would be helpful and pertinent in assessing the condition of your health: _____

I understand that Dr. Keith Lawrence is a Doctor of Natural Health & Nutrition Practitioner and Consultant and that he/she will serve only in the capacity of a Natural Health and Nutritional educator/practitioner and counselor. I am of a sound mind and understand what I am signing.

Date _____ Signature _____

Date _____ Legal Guardian _____

(If a minor, signature of legal guardian must be given with suitable notation of the fact that it is the guardian or other responsible person who is signing).