EIR VITAE

Health Declaration & Medical History

To be completed prior to the consultation.

All information is treated confidentially and used solely to tailor guidance and recommendations to your individual needs.

1. Personal Information

Name:
Date of birth:
Address:
Phone number:
Email address:

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2. General Information

Gender: ☐ Female ☐ Male ☐ Other
Height (cm):
Weight (kg):

How would you describe your overall health at this time?
(e.g. energy levels, sleep, stress, recovery)

Have you experienced any of the following conditions?
Please check all that apply:

☐ Autoimmune conditions
☐ Thyroid disorders
☐ Diabetes
☐ Cardiovascular / circulatory conditions
☐ Infections (e.g. Lyme disease or other tick-borne infections)
☐ Asthma / allergies
☐ Gastrointestinal issues
☐ Neurological symptoms
☐ Depression / anxiety
☐ Burnout / exhaustion
☐ Pain or chronic aches (please specify):
☐ Other:

4. Current Symptoms

Please check all that apply:

☐ Fatigue / exhaustion
☐ Sleep disturbances
☐ Headaches or migraines
☐ Muscle or joint pain
☐ Brain fog
☐ Dizziness
☐ Breathing difficulties
☐ Digestive issues (please describe):
☐ Skin problems
☐ Hormonal symptoms
☐ Anxiety / nervousness
☐ Heart palpitations
☐ Feverish feeling / night sweats
☐ Tingling / numbness
☐ Other symptoms:

Tick exposure
(Please note: fewer than 50% remember the tick bite or notice a rash.)

☐ Rash at the site of a tick bite
☐ Positive Lyme blood test (ELISA)
☐ Positive Lyme CNS test (ELISA, cerebrospinal fluid)

Note: It is possible to have negative test results and still be infected with Lyme disease.

5. Medications and Supplements

Please list current medications (name, dosage, duration):

Please list supplements you take regularly:

6. Lifestyle

How would you describe your diet?
(Brief description)

How is your sleep quality?
☐ Very good
☐ Acceptable
☐ Poor
☐ Very poor

How much stress do you experience in daily life?
☐ Low
☐ Moderate
☐ High
☐ Very high

Physical activity per week:
☐ None
☐ 1–2 days

☐ 3–4 days
☐ 5+ days

7. Previous Treatments

Have you undergone other treatments?
(e.g. antibiotics, therapy, physiotherapy, complementary or natural treatments)

Please describe which treatments and whether they were helpful.

8. Allergies or Sensitivities

9. Additional Information

Is there anything else you would like me to know?

10. Clinical Measurements

Blood pressure: _____
Heart rate: _____
Body temperature: _____

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Eir Vitae – Restore Your Life

Legal & Medical Disclaimer (U.S. Clients)

The services provided by **Eir Vitae** are educational and supportive in nature and are intended to promote understanding of the body, lifestyle factors, and individual health patterns.

Eir Vitae does **not** provide medical care, medical diagnosis, or medical treatment, and does **not** replace care from a licensed physician or other qualified healthcare provider.

No statements, recommendations, protocols, supplements, or lifestyle guidance offered by Eir Vitae have been evaluated by the **U.S. Food and Drug Administration (FDA)**.
Nothing provided is intended to diagnose, treat, cure, or prevent any disease.

Clients are responsible for their own health decisions and are advised to consult with a licensed medical professional regarding any medical condition, diagnosis, medication, or treatment.

Participation in consultations and use of any information or protocols provided by Eir Vitae is entirely voluntary and undertaken at the client's own discretion and risk.

Informed Consent

By completing this health declaration and engaging in consultation services with Eir Vitae, you acknowledge and agree that:

- You understand that Eir Vitae offers **educational guidance and health support**, not medical care.
- You take full responsibility for how you use any information provided.
- You release Eir Vitae and its representatives from liability related to decisions or outcomes based on this information.