



In health there is freedom.... IMPACT your life

Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
EMAIL: _____
Birth Date: _____ Age: _____ Height: _____
How did you hear about us? Social Media: Facebook Instagram Google TV AD
Friend (name) _____

GENERAL INFORMATION & LIFESTYLE CHOICES:

How many times a week do you eat out? _____
How much water do you drink a day? _____
How many servings of fruits and vegetables do you eat on a daily basis? 1-2 3-5 6-9
How many times a week do you exercise? _____ What do you do? _____

NUMBER #1 HEALTH CONCERNS:

Cancer Bone & Joint Premature Aging Stress Alzheimers/Dementia
Inflammation Sleep Patterns Weight Issues Diabetes Mental Acuity Energy Levels
Mood Swings Vision (AMD?) Heart Disease Periodontal Health Immune Function

MEDICAL HISTORY:

Depression Epilepsy Headache Arthritis High Blood Pressure Kidney Disease Anemia
Heart Attack Hypoglycemia Neck Pain Gallbladder Intestine Problems Thyroid Disease
Diabetes Cancer Dizziness Gout High Cholesterol Carpal Tunnel Heartburn
Poor Sleep Mid Back Pain Low back Pain Shortness of Breath

Other (List) _____

Primary Care Physician: _____

List Medications: _____

List Surgeries: _____

Allergies: _____

HISTORY:

How long have you been overweight: _____

Have you tried to lose weight in the past: How? _____

Top 2 Reasons you want to Lose weight? 1) _____ 2) _____

What can you attribute your weight gain to? _____

On a scale of 10-1 (10 = Great, 1 = POOR) What is your ENERGY level? _____ How do you SLEEP? _____

GOALS:

What is your goal weight? _____ When was the last time you were that weight? _____

How much weight have you gained & lost in the past? _____

SUPPLEMENT ASSESSMENT:

Do you take supplements? _____ Why or why not _____

_____ If
yes, how did you select your supplements? _____

COMMITMENT TO CARE:

Are you willing to resolve your concerns?

Low Commitment Medium Commitment High Commitment Just Don't Know

On the scale of 1-10 - I want to start right now on my journey to health: _____ 1-10

(10 meaning "I'm fully committed, 1 meaning "Not Interested")

Signature: _____

Date: _____