

INITIAL QUESTIONNAIRE

Name: _____ Age: _____ Height: _____ Weight: _____

Address: _____

Phone Number: _____ E-mail: _____

Occupation: _____ Would you like monthly Newsletters? YES or NO

What are the three primary reasons for your visit today?

- 1.
- 2.
- 3.

List current medications and/or supplements:

Do you or have you had any of the following? Circle those that apply to you.

Low Blood pressure	Anxiety	Joint Conditions	Additional Conditions:
High Blood pressure	Asthma	Osteoarthritis	
Heart condition	Blood Conditions	Osteoporosis	
Diabetes	ADD/ADHD	Allergies	
Epilepsy	HIV	Eye Problems:	
Migraines	Bacterial Infection		
Stroke/TIA	Chronic Pain	Recent Surgery to:	
Depression	Arthritis		
Sleep problems	Back issues	Ear Problems:	
Menstrual issues	Neck issues		

The undersigned expressly agrees that participation in, and use of our facility and services shall be undertaken at the undersigned's own risk. The undersigned does hereby forever Release, Discharge, and acquit this facility and their affiliates and each of their agents, servants, employees, successors, administrators and insures (all hereinafter referred to as "Releasees") from all claims, demands, causes of action or losses arising out of or connected in any way with the undersigned's use of the facility, equipment and programs, including but not limited to, any claims of bodily and personal injuries, property damage, or any fault or negligence on the part of Releasees, their guest or members. The undersigned further agrees to hold Releasees harmless and indemnify Releasees for any claim, judgment, or expenses Releasees may incur arising out of the undersigned's activities or use of facility and Programs. I acknowledge that I have read this General Release and understand that I am signing a GENERAL RELEASE OF ALL LIABILITY.

Client Signature: _____ Name: _____ Date: _____

Witness Signature: _____ Name: _____ Date: _____

