





**Immunizations: (Circle)****Tests: (Circle)**

|                                      |   |
|--------------------------------------|---|
| Smallpox                             | Chest X-ray   |
| Polio                                | Kidney X-ray  |
| Flu                                  | G.I.  |
| MMR (Measles Mumps, Rubella)         | ECG   |
| Tetanus booster                      | MYELOGRAM<br>DISCOGRAPHY<br>BONE DENSITY<br>BONE SCAN |
| Typhoid                              | Chemotherapy  |
| DPT (diphtheria, pertussis, Tetanus) | CAT SCAN (CT)   |
| Hepatitis A B                        | MAGNETIC RESONANCE IMAGING (MRI)                      |
| Other Immunizations;                 | Other X-ray:  |

**Do you have food sensitivities-allergy-intolerances? Yes\_\_\_ No\_\_\_**

**Please list any foods which may cause allergy-type responses for you:**

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**Goals for first visit** \_\_\_\_\_

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Do you have a pain? Yes No If yes, please answer below.

0=Never (1-4 occasionally=1-4 times per month) 4-7 =Moderate (1-4 times per week)

8-10=Intense (occurs frequently-more than 4 times per week)

0 1 2 3 4 5 6 7 8 9 10 Where:\_\_\_\_\_

Please describe your pain: (Please circle)

Throbbing, Sharp, Pulsating, Migrating, Burning, Constant, Dull, Cramping  
Grasping, Stabbing, Soreness, Spasm, Aching, Pinched, Excruciating, Shock like,  
Muscle twitching, Sudden, Ice-pick like, Tingle heavy, Squeezing feeling, Tightness, or  
Pins-and-needles feelings, Involves inflammation

May be triggered by: Speaking; Touch; Weather; Temperature /Weather cold or hot  
Mental aggravations, Stress, Work, Motion, Positions, Exercise or

Other\_\_\_\_\_

## Health –Wellness Lifestyle Questionnaire (Circle all that apply)

|   |  |   |  |   |
|---|--|---|--|---|
| Anxiety//Pain/<br>Restlessness                                    | Allergies to:<br>Food, medication<br>Environment, other                            | Bladder /Frequent<br>urination/Pain<br>Asthma                       | Arthritis or Joint<br>Aches/Motion                       | Acid indigestion<br>Heartburn<br>Digestion              |
| Abuse/ Anger<br>Irritability/ Tense<br>Easily upset/<br>Impulsive | Acne/Eczema<br>Psoriasis/Dermatitis/Ski<br>n-rashes, Boils, moles,<br>hives, lumps | Artificial<br>joints/limbs/<br>Pacemaker                            | Abnormal<br>bleeding:<br>Where:                          | Abnormal swallowing/<br>throat sensation<br>Sore throat |
| Adoption or foster<br>Family problems                             | Asbestos/ Industrial<br>toxins /Chlorine<br>amalgam/Beauty shop<br>products/ Lead  | Overwhelming<br>urges of sexual<br>intercourse                      | Breast tenderness,<br>swollen, lumps                     | Botox/,Collagen,<br>Beauty injections                   |
| Jealousy,<br>Obsession,<br>Stubborn, Suspicion                    | Myopia/Macular<br>degeneration   | Eye irritation<br>Double vision<br>Blurred vision<br>Lost of vision | Endocrine<br>problems                                    | Strong sense of duty/<br>responsibility                 |
| Any past<br>transfusions  | Palpitations/Cardiac/He<br>art attack  | Brain-infection,<br>Surgery   | Abdominal cramps<br>/pain                                | Bleeding<br>Gums/Filings /Crowns<br>TMD disorders.      |
| Autoimmune<br>disorder  | Cholesterol  | Bones/ Fracture   | Appendicitis   | Yeast infection   |
| Anorexia/ Bulimia   | AIDS - HIV   | Pain/Where:   | Bell's palsy   | Anemia  |
| Bipolar   | Bruise easily  | Breath, wheeze  | Asthma   | Vomit/fever/  |
| Grief/ Crying/<br>Lack of Crying/<br>Humiliations                 | Diabetes type I II<br>Hypoglycemia<br>Cataracts/ glaucoma                          | Chest congestion<br>Bronchitis                                      | Cigarette smoking,<br>tobacco Alcohol<br>Cough or wheeze | Cancer/Tumors<br>Fibroids                               |
| Fear /insecure/worry  | Cough or wheeze  | Burning sensation   | Epilepsy/Seizers   | Cataracts/ glaucoma                                     |
| Hyperactive, Intense,<br>Aggressive, Restless                     | Constipation/<br>Diarrhea /IBS   | Sneezing, runny<br>nose,<br>cough/bleeding                          | Dark circles under<br>eyes/puffiness'/<br>Color change   | Dizziness/ Fighting<br>Motion sickness                  |
| Postpartum/PTSD/  | Fibromyalgia /CFS  | Foreign bodies  | Incontinence   | S.T.D   |
| Emotional emptiness<br>sentimental<br>Disorientation              | Divericulitis Colitis/<br>Gluten sensitivities/<br>Cohn's diseases                 | Skin Dryness<br>Or Oiliness   | Accidents  | Drug /Chemical<br>dependency Addiction                  |
| Decline your ability<br>to make decisions                         | Menopause/<br>Miss/Irregular menses  | Deeper voice<br>Facial puffiness                                    | Diet food/Fast food<br>Packaged food                     | Edema/Water<br>retention                                |
| Shyness/ Clinging,<br>Sensitive                                   | Sensitive to wind, hot,<br>dampness, cold, dry,<br>foggy, rainy days               | Emphysema   | Crave spicy, hot,<br>Sweet, salty<br>Spicy, Cold food    | S.T.D Discharge from<br>penis or vagina                 |
| Low self –<br>esteem/lost of<br>confidence courage                | Used: Aluminum<br>cookware Foreign<br>bodies                                       | Wear glasses,<br>contact lens/<br>photophobia                       | Osteoporosis<br>Osteopenia,<br>Osteoarthritis            | Mucus discharge<br>clear yellow, green,<br>white,       |
| Disorientation  | Frequent colds   | Faintness   | RA /Lupus  | Hernia  |

## Health –Wellness Lifestyle Questionnaire, Continued (Circle all that apply)

|  |  |   |  |  |
|--|--|---|--|--|
| Forgetful / ADD/                             | Genetic Disorder                                       | Gall bladder: stone pains, surgery,                     | Gout   | Kidney Disease pain/infection/ stones, surgery |
| Shock/Trauma/                                | LBP/HBP  | Spleen problems   | Transvestite                                       | Night sweats                                   |
| Maintain attention/less productive           | Wight gain /lost                                       | Nightmares<br>Grind teeth at night                      | Sex change   | Joint swelling<br>Stiffness                    |
| Bored, Lack of Interest, Apathy/ Melancholic | Muscle pain<br>Muscle twitch or tremor                 | Pain/swelling<br>Weakness / cramps<br>Burning / Urgency | Bisexual<br>Homosexual<br>Heterosexual<br>Polygamy | Athlete's foot<br>ringworm fungal infections   |
| Blame/ injustice, rejection/Shame            | PMS /PMDD/<br>Miscarriage                              | Bleeding disorder                                       | Hyper/Hypo<br>Thyroid                              | Detoxify                                       |
| Depression/ Mood swings                      | Parkinson's disease                                    | Sleeping problem  | Thirst   | Migraines                                      |
| Slow, sluggish<br>Fatigue/CFS                | Virginal dryness,<br>irritation<br>Painful intercourse | Delayed<br>Puberty/Sterility                            | Jaundice/ Liver<br>Disease                         | Brain Disease                                  |
| Feeling of<br>Stack/Lack of self-expression  | Multiple Sclerosis                                     | Male problems   | Reduced sex drive                                  | Excessive hair loss                            |
| Worse time of the day is:                    | Exercise   | Microwave use   | Prayer / meditation                                | Worse time of the night is:                    |

I understand that the attending practitioner(s) are not allopathic doctors (MDs) and do not portray themselves to be, but are providing biofeedback and wellness services. I understand that the services provided identify energetic imbalances. Procedures utilized include stress reduction protocols, nutritional wellness consultation and biofeedback. I fully understand that the attending practitioners do not offer allopathic drugs, surgery, chemical stimulants, or any other conventional medical treatments. In addition, I understand that the attending practitioners **do not diagnose, treat or otherwise prescribe** for any diseases, conditions, or illnesses, or perform any act that would constitute the practice of medicine for which a license is required. I have solicited the attending practitioners' services in good faith, exercising my free will and following the dictates of my own conscience which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do biofeedback testing, wellness consultation and other stress reduction protocols. By signing below I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask any questions with regard to the described procedures and that I hereby affirm: I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my own behalf.

Print Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_