LIVING WHOLE FROM SOUL TO SOLE
CLIENT INFORMATION FORM

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Best Phone Contact Number: ( ) _____

Email _____ Subscribe to Newsletter & Specials ☐ Yes ☐ No

Occupation: _____ Birthdate _____

Reason for appointment?

_____

Referred by: _____

Please check any condition that applies or has occurred in the last 5 years:

☐ Active Bronchitis	☐ Active TB	☐ Allergies	☐ Anxiety
☐ Arthritis/ Rheumatism	☐ Asthma	☐ Blood Clots	☐ Blood Vessel or Heart Conditions
☐ Blood Pressure	☐ Cancer	☐ Depression	☐ Diabetes
☐ Headaches	☐ Hernia	☐ Hormonal/Endocrine Condition	☐ Kidney Disorder
☐ Knee/Hip Issues	☐ Lung Condition	☐ Neck/Shoulder/Back/ Spinal Issues	☐ Plantar Fasciitis
☐ Pregnancy	☐ Sciatica	☐ Skin Problems	☐ Stomach/ Intestinal Condition
☐ Stroke	☐ Thyroid	☐ Varicose Veins	☐ Other:

Type of Diet/Eating Habits:_____

Sleeping Habits/Hours of Sleep @ Night:_____

Daily Exercise ☐ Yes ☐ No
Type/Frequency:_____

Any previous surgical procedures?

_____

Taking medications?

_____

I,_____ , understand that the modalities provided here are for the purpose of stress reduction, relief from muscular tension or spasm or for increasing circulation and energy flow. I understand that my practitioner does not diagnose illness, disease or any other physical or mental disorder. As such, my practitioner does not prescribe medical treatment of pharmaceuticals, nor perform any spinal manipulations. It has been made very clear to me that these modalities are not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment I might have. Because my practitioner must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep my practitioner updated on my physical health.

Signature_____

Date _____