

Welcome to Your Path to Wellness

Confidential Client Intake Form

Name _____ Hm # _____ Wk # _____ Cel # _____

Street _____ City _____ Prov _____ PC _____

Date of Birth _____ Age ____ M__ F__ Ht ____ Wt _____

How did you hear about us? _____ Occupation _____

Primary reason for your initial visit? _____

Name of Doctor _____ Phone #: _____ Fax # _____

Are you currently being treated by a doctor for any active health condition? Yes ____ No ____

What is the condition? _____

how are you responding to that treatment? Better ____ Worse ____ Same ____

Date of last appointment with regular Health Care Practitioner _____

Reason for that appointment _____

Your Past Medical History

Cancer Diabetes Heart Disease Stroke Sexually Transmitted Disease

Seizure Hepatitis Thyroid Disease Alcoholism High Blood Pressure

Other (*explain*) _____

Family Past Medical History

Cancer Diabetes Heart Disease Stroke Sexually Transmitted Disease

Seizure Hepatitis Thyroid Disease Alcoholism High Blood Pressure

Other (*explain*) _____

Surgeries

Significant Trauma

Allergies (drug, food, chemical, environmental) _____

Occupational Stresses (chemical, physical, psychological, etc.) _____

Exercise (type, duration, frequency) _____

Habits: Cigarettes Coffee Soda Tea Alcohol Drugs Sugar

Average Daily Diet: Morning _____

Afternoon _____

Evening _____

Current Nutritional Supplements you are using? _____

I understand that Mark J. Brewer as a wellness practitioner does not diagnose conditions, nor does he prescribe substances, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have.

I understand that those under the age of consent require their parent or guardian to attend all sessions and to sign this form.

I also understand the body has the ability to heal itself and that the techniques and equipment that are used by Mark J. Brewer are designed to provide the environment to assist the body in doing so. Long-term imbalances in the body require multiple sessions to allow the body to come back into balance. I understand and believe that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of the treatments.

Signature

Date