Patient Information Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text OK? Y\_\_\_\_\_\_\_\_N\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Restoration Wellness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Any Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List any Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in any pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Circle any current or past conditions below:

Arthritis Migraines

Heart Issues Infertility

Anemia Hepatitis

Asthma Psychiatric

Bleeding Respiratory Issues

Blood Pressure Issues Epilepsy / Seizures

Blood Clots Sinus Problems

Cancer Skin Conditions

Circulation Problems Smoker

Clenching/ Grinding Stress/ Anxiety

Diabetes Surgery

Digestive Issues Ulcers

Dizziness/Fainting Varicose Veins

Fatigue Disk Issues

Insomnia Depression

Children Y\_\_\_\_\_\_\_\_\_\_ N\_\_\_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_\_

Pregnant Y\_\_\_\_\_\_\_\_\_\_N\_\_\_\_\_\_\_\_ Nursing Y\_\_\_\_\_\_ N\_\_\_\_\_\_\_

Do you currently have a Primary Care Physician? Y\_\_\_\_\_N\_\_\_\_\_\_\_

Have you had any surgeries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Injuries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Message / Waiver Of Liability

I understand that any therapies, consultations, workshops, products sold, & wellness plans given here are for the sole purpose of education. I understand that Kimberli A. Almonla, owner of Restoration Wellness does not diagnose illness, disease, or any other condition/physical/mental disorder. As much, the practitioner (Kimberli A. Almonla) does not prescribe medical treatment/pharmaceuticals nor does she manipulate the spine. It has been made very clear to me that the services provided here at Restoration Wellness are not a substitute for medical treatment/exams/diagnosis and that it is recommended that I see a physician for any physical ailment that I may have. I understand that I need to make the practitioner aware of any medical conditions and that I take it upon myself to keep the practitioner (Kimberli A. Almonla) aware of any future medical diagnosis, or problems. I understand that all information is given for educational purposes ONLY and not to be taking the place of the advice or prescriptions given by your medical doctor. None of the information given is approved by the FDA. I assume all responsibility for my own health decisions and treatments. Nothing is intended to treat, cure, diagnose or prevent any disease or conditions.

ALWAYS seek medical advice from your doctor.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_