INTER	RNAL LI	SE: Pr	un.		Hanlet		
	uint o	JL, FL	<i></i>		_Healtl	i Goal:	
		407		40			2

Wellness	Intake	Form
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Mairie: _	<del></del>				Date:			A	ge:	
Address	:	<del> </del>	<del></del>		City: _			State:	Zip:	
Email A	ddress:				Phone	:		Date o	of Birth:	, ,
DIETARY	INTAKE S	<u>UMMARY:</u>								<i></i>
			you consun			_				
			oles do you			_	_ <del></del>			
			do you con			_				
How ma	ny servings	of bread/o	crackers/pas	ta do you co	onsume dai	ly? _	<del></del>			
Do you o	onsume ar	tificial swe	eteners?	Yes No	If yes, wha	t brands	?			<del></del>
Do you e	onsume ra est brookfo	st 1000?	_ Yes If	yes, what c	do you typic	ally eat?		<u> </u>	-	<del></del>
Do you c	onsume al	coholic hev	— NO II N	o, what time	e is your fir	st meal o	f the day?			<del></del>
Do you c	onsume co	offee? N	do Vac II	res No	ir yes, now	many pe	er week?			
Do vou c	onsume di	etary suppl	ements?	No Ves	ially cups p	eruayr aco lict al	l of them be	المناه المالية		
them in	so we can o	check for in	gredients th	at are not h	nealthful or	may hay	e contraindic	ow. Additions with	onally, plea modication	se bring
					.carcinal of	may nav	c contrainate	ations with	medication	15.
Please in	dicate the	areas of h	ealth that yo	ou want to	improve:		<u> </u>			
							Ir			
Imp	rove blood	d work	Preve	nt problems	s Anti	-aging su	pport In	nprove gen	eral health	
If you co	uld improv	e ONE thinį	g about you	r health, wh	at is your p	riority?				
If you co	uld improv	e ONE thing	g about you	r health, wh	at is your p	riority?				
				r health, wh	at is your p	riority?				
IDENTIFY	ING YOUR	HEALTH G	OALS:		·					
IDENTIFY	ING YOUR	HEALTH G	OALS:		·		f care that yo	ou want, ple	ase use this	chart to
IDENTIFY	'ING YOUR	HEALTH G	OALS:		·		f care that yo	ou want, ple	ase use this	chart to
IDENTIFY To help of answer to	'ING YOUR our office u he question -4	HEALTH G nderstand ns below.	OALS: your wellne: -2	ss goals and	give you th	+1	+2	+3	+4	+5
IDENTIFY To help of answer to -5	'ING YOUR our office u	HEALTH G nderstand on s below.  -3	OALS: your wellnes -2	ss goals and -1	give you th  O	+1	+2	+3	<b>+4</b>	+5
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To help of answer the serious concerns about my	ring your our office u the question  -4  I feel worried about my	HEALTH G nderstand on below.  -3  I have constant concerns that affect	OALS: your wellnes -2 I have health	-1  I have some minor complaints	give you th  O  I feel okay about my	+1 I feel good	+2	+3 I feel energetic	<b>+4</b>	+5
IDENTIFY To help of answer to answer	ring your our office u he question -4  I feel worried about	HEALTH G nderstand ns below.  -3  I have constant concerns	OALS: your wellnes  -2  I have health challenges that affect me on a	-1  I have some minor complaints about my	give you th  O  I feel okay about my health	+1 I feel good most	+2 I feel well on a daily	+3 I feel energetic and	+4  I feel active, energetic	+5 I feel great and am proactive
IDENTIFY To help of answer to answer	ring your our office u the question  -4  I feel worried about my	HEALTH G nderstand on below.  -3  I have constant concerns that affect	OALS: your wellnes -2 I have health challenges that affect	-1  I have some minor complaints	give you the least of the least	+1 I feel good most	+2 I feel well on a daily	+3 I feel energetic and	+4  I feel active, energetic	+5 I feel great and am proactive about my
IDENTIFY To help of answer the serious concerns about my overall health	Ing your office under question -4  I feel worried about my health	HEALTH G nderstand on s below.  -3  I have constant concerns that affect my health	OALS: your wellnes  -2  I have health challenges that affect me on a daily basis	-1  I have some minor complaints about my health	I feel okay about my health with no complaints	+1 I feel good most days	+2 I feel well on a daily basis	+3 I feel energetic and	+4  I feel active, energetic	+5 I feel great and am proactive about my
To help of answer the serious concerns about my overall health	I feel worried about my health	HEALTH G nderstand on below.  -3  I have constant concerns that affect my health er best des	OALS: your wellnes  -2  I have health challenges that affect me on a daily basis  cribes how your wellness	-1  I have some minor complaints about my health	I feel okay about my health with no complaints	+1 I feel good most days	+2 I feel well on a daily basis	+3 I feel energetic and	+4  I feel active, energetic	+5 I feel great and am proactive about my
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IDENTIFY To help of answer the serious concerns about my overall health  1. V 2. V NOTE: In	I feel worried about my health	I have constant concerns that affect my health er best designed to you itment to you	OALS: your wellnes  -2  I have health challenges that affect me on a daily basis cribes how wou want to a	-1  I have some minor complaints about my health you feel aborchieve?:	I feel okay about my health with no complaints out your health with a complaints	+1  I feel good most days	I feel well on a daily basis	+3  I feel energetic and healthy	+4  I feel active, energetic and fit	+5 I feel great and am proactive about my health
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