MINDFUL HEALTH CENTER

Date (01/01/2022): Name, First, Middle, Last Name): Age:		CLIENT PROFIL	E
Age: DOB (01/01/1985): Male Female Address: City: State: Zip: Home / Cell phone: Occupation: Email address: Hight: Neight: Relationship: Address: Hight: Relationship: Address: Hight: Neight: Neigh: Neight: Neight: Neight: Neigh: N	Date (01/01/2022):		
Address: City: State:	Name, First, Middle, Last Name):		
City:	Age: DOB (01/	01/1985): Male \Box	Female \square
Zip:	Address:		
Home / Cell phone: Occupation: Email address: Hight: Weight: In Case of Emergency Notify: Relationship: Address: Phone #: Family Physician: Phone: Current Health Problems: What are the most important health problems you would like to talk about today? Health History: Check relevant areas and give brief details on the last page. Alcohol/Drug Abuse Disease of arteries Injury (serious) Allergies Endocrine (gland) disorder Immune/Blood disorder Anemia Epilepsy Knee/hip problems Arthritis Electrical Hyper Reactivity Lower Back Problems	City:	State:	
Occupation: Email address: Hight:	Zip:		
Email address: Hight: Weight: Neight: Neigh:	Home □ / Cell □ phone	:	
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Arthritis Electrical Hyper Reactivity Lower Back Problems	□ Allergies	☐ Endocrine (gland) disorder	☐ Immune/Blood disorder
Arthritis Electrical Hyper Reactivity Lower Back Problems	□ Anemia	☐ Epilepsy	☐ Knee/hip problems
☐ Asthma ☐ Foot/ankle problems ☐ Liver Disease	☐ Arthritis	☐ Electrical Hyper Reactivity	☐ Lower Back Problems
	□ Asthma	☐ Foot/ankle problems	☐ Liver Disease
□ Back/neck pain/injuries □ Fractures □ Lung disease	☐ Back/neck pain/injuries	□ Fractures	☐ Lung disease
□ Bowel/Bladder problems □ Fibromyalgia □ Lymphedema	☐ Bowel/Bladder problems	☐ Fibromyalgia	☐ Lymphedema
☐ Cancer ☐ Gout ☐ Leg pain after walking short distances	☐ Cancer	□ Gout	
☐ Cardiovascular disorder ☐ G.I. (digestive) disorder ☐ Musculoskeletal disorder	☐ Cardiovascular disorder	☐ G.I. (digestive) disorder	
☐ Carpal Tunnel ☐ Heart Disease ☐ Migraine or recurrent headaches	☐ Carpal Tunnel		☐ Migraine or recurrent headaches
☐ Chest discomfort ☐ High Blood Pressur ☐ Nervous System Disorders	•	☐ High Blood Pressur	
☐ Chronic or recurrent cough ☐ Herpes Genitals ☐ Nausea	☐ Chronic or recurrent cough		
☐ Cholesterol high/ low ☐ Hypoglycemia ☐ Overweight	_		☐ Overweight
□ Diabetes □ Hernia □ Pacemaker	_		_
□ Dizziness □ Hepatitis □ Psychological Problems		_	
□ Pulmonary (lung) disorder □ Swollen/stiff/painful joints □ Tuberculosis	_		
□ Pregnancy (current) □ Skin disorder □ Urinary/Genital disorder		· · ·	-
□ Respiratory problems □ Sciatica □ Venereal Disease			
□ Rheumatic fever □ Sleeping problems □ Vision/hearing problems		_	
□ Recurrent fatigue □ Smoker □ Other			
□ Stroke □ Thyroid Disease	•		

Hospitalizations: Dates and type of illness/injury/operation.			
Medications and Supplements: Include prescription and nonprescription drugs, herbs, vitamins, minerals, etc.			
Allergies:			