

PATIENT	INFOR	MATIO	V						
Patient Name					Employer	/ School			
		LAST	NAME			on			
Address	FIRST NAME		MIDE	DLE INITIAL		OF EMERGENCY,			
City		St	ate/Zin						
Home Phone			-						
					Holationo	hip			
Cell Phone	<u> </u>				— Contact N	Number			
Email						we thank for refe	rring you?		
Sex ☐ M	☐ F Age		Birthday		- ,				
Pharmacy Na	ame				Pharmac	cy Phone#			_
Pharmacy Ad	ddress					•			
HOW CA	N WE H	ELP YO	U?						
What brings yo	ou in today? .								
If you are alrea	ady experienci	ng a sympto	m, what is it	t?					
How bad is it?	How intense	are your syn	nptoms? (cir	rcle) 0 NC SYMPT)	3 4 6	6 7	8 9	INTENSE SYMPTOMS
Please circle a	reas to the rig	ht where you	u have pain	or other sym	ptoms:	الله الله الله الله الله الله الله الله	5 5		
What does it fo	eel like? (che	ck where ap	propriate)) / / (// //		
■ Numbness		Sharp						1	
☐ Tingling		Shooting				$(S \mid Y \mid S)$	(S/X/6)		
☐ Stiffness		Burning				0 1	0/1/2	/	
□ Dull		1 Throbbing))((\)(/		
☐ Aching		Stabbing				(())	(\} \		
						\	\ (\ /		
☐ Cramping		3 Swelling) \/ () \		
Nagging		Other							
IMPACT	OF YOU	R SYM	РТОМ	6					
How is this syr	mptom / cond	ition interferi	ng with you	r life? (check	where appropriate)				
	No Effect	Mild Effect	Moderat Effect	e Severe Effect		No Effect	Mild Effect	Moderate Effect	e Severe Effect
Work					Energy				
Exercise					Attitude				
Recreation					Patience				
Relationships Sleep					Productivity Creativity				
Self-Care					Other				
Jul 9410	_		_	_	<u> </u>		_	_	_
How committe	d are you to c	orrecting thi	s issue?	0 0	2 8	4 6	3 0	8 9	•
				NOT	0 0	5 6 (VERY
			CC	DMMITTED					COMMITTED



AIDO/IIIV			O December		I.e.		D'
AIDS/HIV	☐ Circulation Is			aches / Migra	unes		Ringing in Ears
Alcoholism	☐ Childhood III	ness	☐ Heart				Scoliosis
Anxiety	□ Depression		☐ Hepat			_	Shoulder Issues
Arteriosclerosis	☐ Diabetes		☐ Hip Is				Stroke
Arthritis	□ Digestive Iss (Constipation/Dia	arrhea/GERD/IBS)		ne Issues			TMJ Issues
Asthma/Allergies	☐ Elbow/Wrist/		- , .	hatic Issues			Urinary Issues
Back Pain	☐ Endocrine Is	sues (Thyroid)		ole Sclerosis			Osteoporosis
Cardiovascular Issues	☐ Foot/Ankle Is	, , ,	□ Neck			Ц	Other
Cancer	☐ Gout		☐ Repro	oductive Issue	es	-	
ATIENT WELL	NESS ASSESSM	IENT			-		
PRE-		S-WELLN COM ZO	FORT NE		JM	g —	→ HIGH-LEVEL
	ILLNES Disease Developing -	S-WELLN COM ZO (FALSE W	FORT ONE	— Wellness	s Developin		WELLNESS
PRE- MATURE	ILLNES	S-WELLN COM ZO	FORT ONE		s Developin	g —	
PRE- MATURE DEATH	ILLNES Disease Developing -	S-WELLN COM ZO (FALSE W 4 5	FORT ONE	— Wellness 7 GOOI Regul Goor Wellness	s Developin	9	WELLNESS
PRE- MATURE DEATH O DISEASE Multiple medications Poor quality of life Potential becomes limited Body has limited function	ILLNES Disease Developing — 1 2 3 POOR HEALTH Symptoms Drug therapy Surgery Losing normal function	S-WELLN COM ZO (FALSE W 4 5 NEU No syr Nutrition in Exercise Health not a	FORT ONE VELLNESS) 6 TRAL Inptoms Inconsistent Insporadic In high priority	— Wellness 7 GOOI Regul Goor Wellnes Minimal ne	B Developin B C D HEALTH ar exercise d nutrition ss education srve interference	9	OPTIMAL HEALTH 100% function Continuous developmen Active participation Wellness lifestyle
PRE- MATURE DEATH O DISEASE Multiple medications Poor quality of life Potential becomes limited Body has limited function In the arrow diagram aboo A. What number do you	ILLNES Disease Developing — 1 2 3 POOR HEALTH Symptoms Drug therapy Surgery Losing normal function ve: think represents your health	S-WELLN COM ZO (FALSE W 4 5 NEU No syr Nutrition in Exercise Health not a	FORT ONE FELLNESS) 6 6 TRAL Inptoms Inconsistent Inconsis	— Wellness 7 GOOI Regul Goor Wellness Minimal ne	B Developin 8 C D HEALTH ar exercise d nutrition ss education once interference	9	OPTIMAL HEALTH 100% function Continuous developmen Active participation Wellness lifestyle
DISEASE Multiple medications Poor quality of life Potential becomes limited Body has limited function In the arrow diagram abo A. What number do you B. In what direction is you	ILLNES Disease Developing — 1 2 3 POOR HEALTH Symptoms Drug therapy Surgery Losing normal function Eve: think represents your health our health currently headed?	S-WELLN COM ZO (FALSE W 4 5 NEU No syr Nutrition in Exercise Health not a	FORT ONE FELLNESS) 6 6 TRAL Inptoms Inconsistent Inconsis	— Wellness 7 GOOI Regul Goor Wellness Minimal ne	B Developin 8 C D HEALTH ar exercise d nutrition ss education once interference	9	OPTIMAL HEALTH 100% function Continuous developmen Active participation Wellness lifestyle
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