

Thousand Oaks Family Well Being

Name _____ Sex _____ Age _____ Birth date _____
First Name (Like to be Called) Last Name

Primary Phone () _____ Cell Phone () _____

E-mail _____

Would you like to know about monthly specials and discounts? (You may opt out at any time) YES / NO

Address _____

City _____ State _____ Zip _____

Current or primary past Occupation _____

Referred By (name) _____ (relationship) _____

1) List all current symptoms, how long you have had them, and any medical diagnoses regarding them.

2) List any current medications and what they are being taken for.

3) Describe your lifestyle, typical daily diet (food and beverage), and level of exercise.

4) Describe your energy levels throughout the day, when are the highest and the lowest levels.

5) List any other information that may be pertinent, including allergies and previous surgeries.

6) Overall, how would you describe your present level of health?

Signature _____ Date _____

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