

**GIBSON WELLNESS CENTER
NEW CLIENT FORM**

Please Print Clearly

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Name _____
Date _____
Address _____ Apt. # _____
City _____ State _____ ZIP _____
Home Phone (____) _____ - _____ Cell (____) _____ - _____ Work (____) _____ - _____

E-mail address (for monthly newsletter & announcements only) _____

REFERRED BY: _____
Occupation _____ Employer _____
Date of Birth _____ Age _____ Sex: M/F Height _____ Weight _____

Overall Health (circle one): Excellent / Good / Fair / Poor / other: _____
Chief Awareness (reason you are here): _____

Previous treatments for this awareness: _____

Other complaints or problems: _____

Current medications / drugs being taken: _____

Are you currently under the care of a physician or other health care professionals?
(If yes, please give name & date of last visit): _____

Nutritional supplements you are taking: _____

Do you smoke, drink coffee or alcohol? (if yes indicate how much)
Cigarettes _____ Coffee _____ Alcohol _____

=====

I hereby certify that the statements and answers given on this form are accurate to the best of my recollection and knowledge. I agree to allow this office to perform an assessment on me in order to make as complete an evaluation as possible. I understand that wellness care is not a substitute for medical care. I further understand that BEST requires the practitioner to use light touch. I give my permission for light touch to be administered and agree that this is not considered "massage" or "physical manipulation" and I assume the full risk of any consequences to the technique.

Signed: _____ Date ____/____/____

CLARIFYING YOUR HEALTH OBJECTIVES:

In addition to the main reason for your visit today, what additional health objectives do you have for your future?

Are you healthy (or healthier) today as you were 5 years ago? YES / NO / Don't know
If yes, what strategies have you used?

Will you be as healthy (or healthier) as you are today, 5 years from now? YES / NO / Don't know
If yes, what strategies will you implement to get there?

If no, or don't know, what strategies could you implement to get there?

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: *"Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of Disease."*

A vitamin is not a drug, NEITHER is Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy. Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone.

Therefore, please be advised that any suggested nutritional or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.

Nutritional counseling, vitamin recommendations, nutritional advice and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the client's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body.

I HAVE READ AND UNDERSTAND THE ABOVE

SIGNED: _____ DATE: _____