



Name\_\_\_\_\_ Sex\_\_\_\_\_ Age\_\_\_\_\_ Height\_\_\_\_\_

Weight\_\_\_\_\_ Birth date\_\_\_\_\_ Occupation\_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Referred By (name)\_\_\_\_\_ (relationship)\_\_\_\_\_

1) What are your top 3 health concerns or goals?

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

3) List any current medications/supplements/vitamins and what they are being taken for.

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

5) How many bowel movements do you have in a day? \_\_\_\_\_  
Are your bowel movements:

\_\_\_\_ Loose \_\_\_\_ Well formed \_\_\_\_ Loose and formed \_\_\_\_ incomplete \_\_\_\_ dry and hard

6) Describe your energy levels throughout the day? When are your highest and the lowest energy levels.

7) List any known allergies.

8) Is it easy to fall asleep? How many hours do you sleep?

9) List any other information that may be pertinent, including any previous surgeries.

I fully understand that Via Vita Health and Wellness Center LLC, is not a primary care provider or a specialist, and does not replace one. The testing service does not diagnose or treat any medical condition, but provides information to help improve health through better nutritional approaches, improved lifestyle, improved health habits and positive mental attitudes. I fully understand that all evaluations/analyses cannot determine specific disease conditions, and do not replace the diagnostic services offered by licensed physicians. I understand that decisions I make regarding health care are my responsibility and certify that I will not hold Via Vita Health and Wellness Center LLC responsible for the consequences of my decisions. I have read and understand the foregoing and agree to the terms and conditions set therein.

Your privacy is a top priority. We are committed to your confidentiality of personal information, and securing it. None of your information ever will be sold. Likewise, we will not share your information unless directed to do so by you through a release of information.

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_