ReNew Life Wellness Center

PERSONAL INFORMATION

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Name: **Date:**

Address:

City: **State:** **Zip:**

Home Phone: ( ) - **Cell Phone: ( ) -** **Work Phone: ( ) -**

Email: **Would you like to receive our newsletter? Yes** ☐ **No** ☐

Occupation: **Place of Employment:**

Height: **Weight:** **Blood Type:** **Date of Birth:** **Age:**

Marital Status: **Number of children:**

Children's Names and Ages:

	Name	Age		Name	Age
1			5		
2			6		
3			7		
4			8		

Please list your pets' names and types of pets:

	Pet's Name	Type- cat, bird, dog, snake, etc		Pet's Name	Type- cat, bird, dog, snake, etc
1			5		
2			6		
3			7		
4			8		

Who is responsible for this account? Relationship:

Referred by:

Who would we contact for you in case of an emergency?

Emergency Contact Name	Relationship	Home phone	Cell phone	Work phone
		( ) -	( ) -	( ) -
		( ) -	( ) -	( ) -

Medical History

Primary Doctor's Name: Doctor's Phone: ( ) -

Major physical complaints:

Are you pregnant? If yes, please see the receptionist as some services are limited.

Please list the date and type of any surgeries you have had:

Month	Year	Type of Surgery

Month	Year	Type of Surgery

Please describe any accidents you have had:

Month	Year	Accident

Month	Year	Accident

Please describe any broken bones you have had:

Month	Year	Description

Month	Year	Description

Are you allergic to latex? Please list all known allergies:

Are you currently seeing a psychotherapist or attending regular support group meetings?

If yes, please explain:

Please list all medications and supplements you are taking:

Dosage	Description

Dosage	Description

ReNew Life Wellness Center

Food Consumption Consultation

For the food listed below, please indicate the amount of consumption weekly.

None **L**ight **M**oderate **H**eavy

Sweeteners		Sugar		Honey		Syrup		Tobacco	
Coffee		Tea		Soda		Alcohol		Salt	
Beans		Salads		Sprouts		Potatoes		Spices	
Fresh Vegetables		Frozen Vegetables		Canned Vegetables		Fresh Fruit		Frozen Fruit	
Canned Fruit		Protein Bars		Cereals		Cookies		Cakes	
Chocolate		Ice Cream		Eggs		Butter		Milk-Dairy	
Cheese		Yogurt		Beef		Pork		Poultry	
Fish		Shellfish		Bread		Bagels		Oat	
Wheat		Barley		Rye		Rice		Pasta	
Soy		Corn		Fast Foods					

In this section, list the foods you ate yesterday (or eat on a typical day). Include everything you ate and drank, listing the amounts. Be specific about the types of food. For example; white or brown bread, fried potatoes, etc.

Morning		Afternoon		Evening	
Food/Drink	Amount	Food / Drink	Amount	Food/Drink	Amount

Where do you eat the majority of your meals? Home: % Restaurant %

How much water do you drink each day?

8 oz (cup) 16 oz (pint) 32 oz (quart) 64 oz (1/2 gallon) 128 oz (gallon)

Daily Routine Consultation

Rate the level of stress in your daily life: Light Moderate Heavy

At home: At work:

How often do you exercise in a week? What type of exercise?

What do you do for relaxation?

What do you do for recreation?

Cancellation Policy

If you are unable to keep your appointment, for any reason, please give us as much notice as possible. Single appointments cancelled with less than one full working day's notice (Mon – Fri, 9:30 am to 6:00pm) may be charged at 50% of list price. Same day cancellations and no shows will be charged in full to cover therapists' time and business costs.

I have read and understand the ReNew Life Cancellation Policy:

Signed: Date:

I have read and understand the ReNew Life Cancellation Policy with the above signed client:

ReNew Life Representative Signed: Date: