

Patient Information Form

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_

Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Text OK? Y\_\_\_\_\_\_\_\_N\_\_\_\_\_\_\_\_

Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Restoration Wellness?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List Any Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please List any Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in any pain? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle any current or past conditions below:

Arthritis Migraines

Heart Issues Infertility

Anemia Hepatitis

Asthma Psychiatric

Bleeding Respiratory Issues

Blood Pressure Issues Epilepsy / Seizures

Blood Clots Sinus Problems

Cancer Skin Conditions

Circulation Problems Smoker

Clenching/ Grinding Stress/ Anxiety

Diabetes Surgery

Digestive Issues Ulcers

Dizziness/Fainting Varicose Veins

Fatigue Disk Issues

Insomnia Depression

Vaccine Injury Autoimmune Issues

Children Y\_\_\_\_\_ N\_\_\_\_How Many? \_\_\_\_Pregnant Y\_\_\_\_N\_\_\_\_Nursing Y\_\_\_ N\_\_\_

Do you currently have a Primary Care Physician? Y\_\_\_\_\_N\_\_\_\_\_\_\_

Have you had any surgeries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Injuries?\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Message / Waiver of Liability

I understand that any therapies, consultations, workshops, products sold, & wellness plans given here are for the sole purpose of **education.**

I understand that Kimberli A. Almonla, owner of Restoration Wellness does not diagnose illness, disease, or any other condition/physical/mental disorder. As much, the practitioner (Kimberli A. Almonla) does not prescribe medical treatment/pharmaceuticals nor does she manipulate the spine.

It has been made very clear to me that the services provided here at Restoration Wellness are not a substitute for medical treatment/exams/diagnosis and that it is recommended that I see a physician for any physical ailment that I may have.

You take full responsibility for yourself when using any supplements, essential oils, or products sold and release Kimberli A. Almonla from all liability. I understand that I need to make the practitioner aware of any medical conditions and that I take it upon myself to keep the practitioner (Kimberli A. Almonla) aware of any future medical diagnosis, or problems.

I understand that all information is given for **educational** purposes ONLY and not to be taking the place of the advice or prescriptions given by your medical doctor. None of the information given is approved by the FDA. I assume all responsibility for my own health decisions and treatments. Nothing is intended to treat, cure, diagnose or prevent any disease or conditions.

Client understands that there are **no guarantees or refunds** for any products or services sold. **Workshops and NLP Coaching Programs are not refundable.**

**Client assumes all responsibility by signing this waiver.** All appointments must be paid in full in advance. Missed appointments will not be refunded. An emergency will be understood. If you need to reschedule an appointment, a 48 hour notice is needed. Thank you for understanding that I am a small business owner and have to plan in advance for child care.

ALWAYS seek medical advice from your doctor!

Read & Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_