



Margaret's Reflections of HOPE
465 Oakland Ave
Apopka, Florida 32703
(Located inside Lotus Yoga Center, behind popeye's)

WELLNESS ASSESSMENT

The wellness assessment helps your practitioner(s) understand how to guide you in creating a balanced lifestyle on an energetic and physical level. An accurate history is vital to this process and helps tailor recommended sessions to your specific needs. Please let us know if your health information changes in the future so that your practitioner(s) may adjust the sessions and modalities offered.

I. GENERAL INFORMATION

Name:

Street Address:

City, State, Zip:

Today's Date: _____ Date of Birth: _____

Phone #: Home: _____ Cell: _____ Work: _____

Text ok? Yes _____ No _____ Email: _____

Occupation: _____

Emergency Contact Name: _____ Phone #: _____

How did you hear about us? If referred, please list name of person.

Why have you come today? What are your major areas of concern?

II. SIGNFICANT HISTORY SURGERIES OR ILLNESSES

1. Have you had surgery(s) in the past? If Yes, List: (Include Year and Your Age)

2. Have you had any serious illnesses or injuries in the past? (Physical, Emotional, Mental, Spiritual) If Yes, List (Include Year and Your Age):

MEDICATIONS – List Those You Are Currently Taking
(Prescription, Over-the-Counter, Supplements and Vitamins):

ALLERGIES:

1. Are you sensitive to fragrances or perfumes? Yes ___ No___
2. Are you allergic to any foods, medicines or other materials? If YES, please list:

Questions:

1. Do you experience headaches? Yes_____ No_____
2. How are your sleep patterns? _____
3. Do you currently have a fever? Infections or infectious diseases?
Yes_____No_____
4. Do you have cancer? Or suspect that you may have cancer? Yes_____ No_____
5. Cardiac insufficiency? Yes_____ No_____
6. Do you have chronic kidney diseases? Yes_____ No_____
7. Any form and stages of tuberculosis? Yes_____ No_____
8. Hyperthyroidism? Yes_____ No_____
9. When was your last massage? _____
10. Are you interested in learning more about financial security? Retirement? FREE workshops? Yes_____ No_____
11. Are you interested in learning more about college funding and a college coach for your middle school aged child or older? Yes _____ No_____
12. Are you interested in learning more about Yoga, the benefits of yoga and the different types we have to offer here at Lotus Yoga Center? Yes_____ No_____
13. Are you interested in a Life Coach? Yes_____ No_____

Please Read Carefully and Sign

The information I have provided is true and complete to the best of my knowledge. I understand the information on this form is confidential and will not be released without my written consent or that of my legal guardian, or as required by state and/or federal laws/regulations. I understand that my practitioner(s) does not provide medical advice, diagnose and treat any medical conditions, or prescribe medications. No guarantees or warranties are made about the effectiveness of any modality. I understand that my practitioner(s) is not state licensed or registered for the complementary modality(s) recommended to me. I understand that complementary modalities are not a substitute for medical treatment, and I should seek a licensed physician or healthcare provider for any medical condition(s). I consent to sessions/modalities recommended to me by my practitioner(s).

PRINT NAME: _____ Date: _____

SIGNATURE:

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