**SEATTLE GENESIS CONFIDENTIAL CLIENT APPLICATION**

Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_ Height:\_\_\_\_\_\_ Weight:\_\_\_\_\_\_

Telephone Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship Status: Single Married Partner Separated Divorced Widow Widower

Spouse/Partner Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of children\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you enjoy your job? Y N

Primary Reason for seeing us:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you had the problems you listed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have others helped you with the problem:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your expectations after the sessions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who can we **thank** for your being here (who referred you): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check conditions listed below which you have experienced: Use P for over a year ago, C for current

METABOLISM

DENTAL DIGESTION FEMALE

\_\_Weight Gain \_\_Tooth Problems \_\_Heartburn \_\_Pregnant

\_\_Weight Loss \_\_Root Canals \_\_Abdominal Pain \_\_Problems with periods

\_\_High/Low BP \_\_Amalgam Fillings \_\_Gas/Bloating \_\_Cancer

\_\_Blood sugar \_\_Difficulty chewing \_\_Diarrhea \_\_Breast Tenderness

\_\_Thyroid \_\_TMJ \_\_Constipation \_\_Breast Implants

\_\_Blood in stool \_\_Menopausal Symptoms

SKIN CHEST \_\_History of Ulcers

\_\_Rash \_\_Chest Pain \_\_Colitis STRUCTURAL

\_\_Change in Mole \_\_Palpitations \_\_Liver Disease \_\_Arthritis

\_\_Dry Skin \_\_Cough \_\_Bursitis

\_\_Acne \_\_Shortness of Breath URINARY \_\_Osteoporosis

\_\_Recent Botox \_\_Asthma \_\_Frequent Urination \_\_Foot/Ankle Swelling

\_\_Any recent substance \_\_Difficulty starting \_\_Blood Clots/Phlebitis

Injection under skin Urination \_\_Varicose Veins

NEUROLOGIC \_\_Urinary Incontinence \_\_Recent Surgery

\_\_Numbness or Tingling \_\_Neck Pain/Problems

EYES/EARS/MOUTH \_\_Weakness \_\_Back Pain/Problems

\_\_Headaches \_\_Insomnia \_\_Sciatica

\_\_Dizziness \_\_Poor Balance ALLERGIES

\_\_Ringing in Ears \_\_Medications IMMUNE

\_\_Blurred Vision MALE \_\_Chemicals \_\_Chronic Fatigue

\_\_Sinus Problems \_\_ Prostate \_\_Foods \_\_Fibromyalgia

\_\_Difficulty Swallowing \_\_ Cancer \_\_Plants \_\_Yeast Infections

\_\_Mouth Sores \_\_ Arthritis