Hello Freedom! 9302 Ritzwood NE Comstock Park, Mi. 49321 616.291.2242

## CONFIDENTIAL PATIENT INFORMATION

Name:Date:					e:
					 Male / Female
			or cri		
Areas of conce					
Health History:	P=past, N=nov	v			
headaches	backaches	bad digestion	allergies	cold hands/feet	skin issues
insomnia	gas/bloat	heart problems	asthma	female concerns	male concerns
depression	lack of energy	anemia	diarrhea	high blood pressure	sinus issues
low blood sugar	drink alcohol	eczema	ringing in ears	pain in joints	ulcers
high blood sugar	thyroid issues	migraines	smoke or vape	migraines	constipation /diarrhea
How many bow		lo you have per	how many, etc.)		# cups
Diagnosis from	physician:		ring?		
•	l stress: (falls, acc				

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Bio-chemical stress: (smoke, unhealthy	foods, missed meals, not enough water,
rugs/alcohol)	
a	
b	
C	<del></del>
Psychological or mental/emotional stre	ess: (work, relationships, finances, self-esteem)
a	
b	
C	<del></del>
By signing below, I	acknowledge and understand that
Susan Bremer, aka, Hello Freedom,	is not a medical doctor and that my consent
to any education, suggestions, and r	recommendations, does not in any way hold
Susan Bremer, responsible for any	past, present, or future health related issues,
and I understand that these suggest	tions do not replace a medical doctor and wil
not diagnose, prescribe, treat, or ma	ake any claims to cure.
I do not hold Susan Bremer responsible	e for any adverse effects or consequences
resulting from the use of any sugge	estions, information, or procedures.
Our intention is to offer healthful infor	rmation and education to assist an individual
and their primary care physician to good health and longevity.	o facilitate the body's healing process toward
Our intention is not directly or indirect	tly to offer medical advice or to prescribe the
use of any supplements or techniqu	ues suggested or used as a form of treatment
for illness, disease, or sickness with	out prior medical approval.
In the event that you use any of the inf	formation from the website, handouts, or
	r's prior approval, you are practicing a
constitutional right to self-prescribe	
Signature	Date
	 Date