Hello Freedom!
5210 6 Mile Ct. NW
Comstock Park, Mi. 49321

website: hellofreedom.me
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616.291.2242

CONFIDENTIAL CLIENT INFORMATION

Name:_____Date:_____

Phone number:_____ Blood type_____ Marital Status M/D/S/W

Address: _____CITY/ZIP_____

Spouse/Significant other: NAME & PHONE_____

Allergic to: _____

Email:_____

Birthdate_____ Age_____ Number of children_____

Occupations:_____

_____

Reason for visit: _____

_____

Please answer the following with a P for symptoms you've had in the past, and an N for symptoms you have now.

___ headaches/migraines ___ thyroid issues ___ asthma ___ lung issues

___ depression ___ constipation ___ diarrhea ___ IBS ___ gas/bloating

___ lack of energy ___ high blood pressure ___ low blood pressure ___ fatigue

___ sick frequently ___ high cholesterol ___ heart issues ___ restless legs

___ cold hands/feet ___ sinus issues ___ allergies ___ hemorrhoids ___ pregnant

___ backaches ___ joint pain ___ high blood sugar ___ muscle weakness

___ insomnia ___ ringing in the ears ___ PMS ___ heartburn/acid reflux

___ eczema/psoriasis ___ panic attacks ___ suicidal thoughts ___ excessive stress

___ accidents: when/what_____

___ drink alcohol #___/week ___ smoke or vape #___/week

Surgeries and year:_____

_____

_____

Family history: Y or N

Cancer ___, HBP ___, Arthritis ___, Heart issues ___, Allergies ___,

What is your birth order? (oldest, youngest,...of how many)_____

How many bowel movements per day?_____Drink coffee? Yes or no # cups____Pop#____

How much water do you drink _____ounces. Source of water: well___ city___ bottled___

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Typical food eaten in a day_____
_____
_____

Current medication(s)	For what?	How long taking?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supplements:_____
_____
_____
Level of Exercise:_____

Vaccines: ____ Childhood ____ Covid ____ Boosters

1. Physical stress: (falls, accidents, work postures, etc.)
   a. _____
   b. _____
   c. _____

2. Bio-chemical stress: (smoke, unhealthy foods, missed meals, not enough water, drugs/alcohol)
   a. _____
   b. _____
   c. _____

3. Psychological or mental/emotional stress: (work, relationships, finances, self-esteem...)
   a. _____
   b. _____
   c. _____

4. Traumas: (death, divorce, abuse...)
   a. _____
   b. _____
   c. _____
   d. _____

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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 recommendations, does not in any way hold Susan Bremer, responsible for any past, present, or future health related issues, and I understand that these suggestions do not replace a medical doctor and will not diagnose, prescribe, treat, or make any claims to cure.

I do not hold Susan Bremer responsible for any adverse effects or consequences resulting from the use of any suggestions, information, therapies or procedures.

Our intention is to offer healthful information and education to assist an individual and their primary care physician to facilitate the body's healing process toward good health and longevity.

Our intention is not directly or indirectly to offer medical advice or to prescribe the use of any supplements or techniques suggested or used as a form of treatment for illness, disease, or sickness without prior medical approval.

In the event that you use any of the information from the website, handouts, or staff members without your doctor's prior approval, you are practicing a constitutional right to self-prescribe and assume all responsibility.

_____ _____
Your Signature Date

_____ _____
Dr. Susan Bremer Date