



WELLNESS ASSESSMENT

Full Name _____

Date of Birth _____ Age _____ Male Female

Address _____ Zip Code _____

E-Mail _____ Phone _____

Height _____ Weight _____

Emergency Contact _____ Phone _____

How did you hear about Better Bones? _____

GOALS

What brought you here? _____
REMS Scan BioDensity

What areas of wellness would you like to improve?

What is the main thing you'd like to know about this program?

CURRENT DIAGNOSIS

Have you had a DEXA Bone Mineral Density Scan? Yes No

Date of first DEXA _____ T-Score _____

Date of last DEXA _____ T-Score _____

Are you aware of the limitations of DEXA? Y/N

PATIENT INFORMATION

Biodensity Contraindications

- Unmedicated Hypertension
- Third Trimester Pregnancy
- Aneurysm
- Active Hernia
- Muscular Dystrophy
- Paget's Disease



Please Check any of the following that apply to you:

- | | | |
|--|--|---|
| <input type="radio"/> Premature Menopause | <input type="radio"/> Diabetes | <input type="radio"/> Cancer |
| <input type="radio"/> Low testosterone | <input type="radio"/> Multiple Sclerosis | <input type="radio"/> Heart disease |
| <input type="radio"/> Celiac/IBD disease | <input type="radio"/> Parkinson's | <input type="radio"/> Stroke |
| <input type="radio"/> Rheumatoid Arthritis | <input type="radio"/> Fibromyalgia | <input type="radio"/> Blood Disorder |
| <input type="radio"/> Osteoarthritis | <input type="radio"/> Vertigo/dizziness | <input type="radio"/> Hypo/hyperthyroid |
| <input type="radio"/> Scoliosis | <input type="radio"/> Fainting | <input type="radio"/> Seizures/Epilepsy |
| | | <input type="radio"/> _____ |

Are you on prescription medications for:

- | | | |
|----------------------------|--------------------------------|-------------------------------|
| <input type="radio"/> Bone | <input type="radio"/> Diabetes | <input type="radio"/> Thyroid |
| _____ | _____ | _____ |

Do you or your doctor have any concerns about any medical conditions that would interfere with you engaging in an exercise program? Y/N
If yes, explain: _____

In which areas do you have pain?

- | | Improved with movement? | | Improved with movement? |
|---------------------------------------|-------------------------|--------------------------------------|-------------------------|
| <input type="radio"/> Neck | Y/N | <input type="radio"/> Hip L/R | Y/N |
| <input type="radio"/> Shoulder L/R | Y/N | <input type="radio"/> Knee | Y/N |
| <input type="radio"/> Back | Y/N | <input type="radio"/> Foot/Ankle L/R | Y/N |
| <input type="radio"/> Replaced Joints | Y/N | <input type="radio"/> Hand/Wrist L/R | Y/N |

WAIVER

_____ I attest that I am physically capable of participating in a resistance training program, including, weights, calisthenics, and the BioDensity Protocol.

_____ I have either received permission from my doctor to perform such exercises OR I have decided to participate in the BioDensity protocol without consulting my physician.

_____ I understand that Better Bones does not treat or diagnose any diseases.

_____ I understand that there is risk involved in any physical activity or exercise program. I will not hold 10X Bone Scans, LLC or any of its employees liable or responsible for any damage that occurs as a result of the services provided. I am willingly accepting all responsibility for any unintended consequences of this exercise program.

Signature: _____ Date: _____