

Vibrant Life Health Center
Initial Visit Application

Welcome!

Each time you come to our office we want you to have a pleasant and wonderful experience. Your satisfaction along with earning your trust is our top priority.

We appreciate the opportunity to serve you and your family. Please let us know if you have any special requests. Our office is unique for it offers a comprehensive, non-drug approach to health and healing.

If you have a specific health challenge and you are looking for MORE drugs for that condition or you have a newly diagnosed health challenge that you are wanting to manage with drugs then we are NOT the right place for you. We do not prescribe or manage drugs or any medical conditions, instead we work to support our clients functional health challenges so their body can employ its own natural healing mechanisms.

Our objective for those that are a good fit for what we do, and are looking for a non-drug approach, is to help empower those individual's to achieve their personal health goals leading to a happier, healthier and better functioning body – physically, organically and emotionally. This approach has allowed many of our clients to regain an optimal quality of life, minimizing or eliminating their dependence on drugs to manage symptoms associated with challenges like fatigue, weight gain, chronic inflammation, blood sugar problems, joint and muscle pain and digestive issues just to name a few.

This visit may include:

Consultation, review of any laboratory reports, diagnostics or records from other providers recommendations and/or referral to another provider or recommendations with our office.

*No treatments, laboratory, or diagnostic testing are a part of this promotion.

Blood chemistry panels, additional lab tests, x-rays, etc that may be needed to assess your condition have variable costs and our staff will inform you of what to expect if we both decides to proceed today and if what we do is the right fit for you and us.

By signing below you understand what services are being provided to you for free and also that other services may be necessary to assess your condition for personalized recommendations of care.

Print Name _____ Signature _____ Date _____

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Coherence Health and Wellness Client Application

Personal Information (please circle one) Dr. _ Mr _ Mrs _ Ms._ Miss _ Date: _____

Name: _____ Address: _____ City: _____

State: _____ Zip Code: _____ Cell Phone: _____ Home Phone: _____

Date Of Birth: _____ Age: _____ Height: _____ Email: _____

Occupation: _____ Spouse Occupation: _____

Employed By _____ Who can we thank for referring you to our office? _____

Please List Surgeries: _____

What medications are you taking/ have taken in the past 12 months: _____

Any Allergies? _____

Primary Care Physician and Phone #: _____

Medical History

Do you or a family member have/had any of the following?

If a family member put "F"

- _____ Depression
- _____ Heart Attack
- _____ Diabetes
- _____ Thyroid Disease
- _____ Gallbladder Disease
- _____ Kidney Disease
- _____ Stroke
- _____ Gout

- _____ Epilepsy
- _____ Hypoglycemia
- _____ Anemia
- _____ Cancer
- _____ High Blood Pressure
- _____ Intestine Problems
- _____ Shortness of Breath
- _____ High Cholesterol

- _____ Headache
- _____ Neck Pain
- _____ Poor Sleep
- _____ Dizziness
- _____ Arthritis
- _____ Mid Back Pain
- _____ Low Back Pain
- _____ Carpal Tunnel

Are you pregnant? _____ How many children? _____ Are you breast feeding? _____

* If together we decide to move forward and testing or treatments are performed you will be responsible for payment in full at the time of service. Services that are not included in your consultation and costs will be discussed before done.

Nutritional Informed Consent

According to the Federal Food, Drug, and Cosmetic Act, as amended, Section 201 (g) (1), the term "DRUG" is defined to mean: "Articles intended for use in the Diagnosis, Cure, Mitigation, Treatment or Prevention of disease." **A vitamin is not a drug, NEITHER is a Mineral, Trace Element, Amino Acid, Herb, or Homeopathic Remedy.** Although a Vitamin, a Mineral, Trace Element, Amino Acid, Herb or Homeopathic Remedy may have an effect on any disease process or symptoms, this does not mean that it can be misrepresented, or be classified as a drug by anyone. **Therefore, please be advised that any suggested nutritional, lifestyle or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom.**

Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the individual's diet in order to supply good nutrition supporting the physiological and biomechanical processes of the human body. Nutritional advice and nutritional intake may also optimize an individual's overall health and wellness.

I have read and understand the above:

Signature _____ Date _____

Health Goals Questionnaire

***Please FILL OUT COMPLETELY so we can best help you.**

What is the challenge you want to Resolve and how long has it been going on? _____

What else have you tried to resolve this challenge? _____

What is your biggest frustration(s) with past attempts to solve this challenge? _____

What Impact will solving this challenge have in your life? _____

Why is it Important to solve this problem right now in your life? In other words, might there be a better time to solve this? _____

On a scale of 1 to 10 with 10 being highest, **how important** is resolving your current health challenge? (write a number that describes you) _____

What are the **Specific RESULTS** you want to achieve? Why they are important to you?

Based on your specific health challenge, are there any current or possible complications of the condition you are aware of or concerned about? Please List. _____

Who else in your life is impacted by this issue and would benefit if we solve it? _____

Who would be your most vocal supporter of solving this issue? Why? _____

Who might be an opponent to you taking action on this issue? Why? _____

-----OFFICE USE BELOW-----