



Loving Care Life-Change Counseling Questionnaire

Fax: (301) 947-3263

Mail: 18916 Impulse Lane, Gaithersburg, MD 20879

PLEASE PRINT CLEARLY

_____	_____	_____
Name	Birth Date	Age
_____	_____	_____
Address	Phone	
_____	_____	_____
City/State	Zip	
_____	_____	_____
Occupation	Email Address	

Please check any of the following that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acute pain | <input type="checkbox"/> Heart ailment | <input type="checkbox"/> Please describe any other conditions: |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> High blood pressure | _____ |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Difficulty sleeping | _____ |
| <input type="checkbox"/> Chronic fatigue | <input type="checkbox"/> Osteoporosis | _____ |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Skin disorder | _____ |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Failing memory | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eye Problems | _____ |

Are you presently taking any prescription medications? If so, please describe _____

Please describe your current level of health and/or fitness _____

Please list your present symptoms of pain or discomfort _____

Do you eat meat? What kinds? How often? _____

What types of liquids do you drink most? (coffee, tea, soda, fruit juice) _____

Do you exercise? What type? How often? _____

How do you relax? _____

Do you smoke, drink or use drugs? What type? How often? _____

Terms: In signing, I'm indicating that I am 18 years or older and fully understand and accept the terms listed below.

This is a Life-Style Change Counseling service. It is designed to assist me in bettering my health through changing and improving my daily health practices and habits. I understand that it does not take the place of a doctor's qualified medical care and is not intended to diagnose medical conditions, or to prescribe medications or procedures. The counselors are not medical doctors and any advice given is to be used at my own discretion.

Signature

Date