TriLife Health, PC Treatment Center

CONFIDENTIAL TREATMENT INTAKE FORM

Name:_____ **Date:**_____

Date of Birth:_____ **Age:**_____ **Gender:**_____

Address:_____ **Phone:**_____

City:_____ _____

State:_____ **Zip:**_____ **Emergency Contact:**

Email:_____ Name:_____

Phone:_____

Occupation:_____

Which therapy (s) are you seeking?

- Hyperbaric Oxygen
- Far Infrared Sauna
- Frequency Specific Microcurrent
- PEMF
- BioMat
- NuCalm
- Vibration Plate
- IV Myer's
- IV Vitamin C
- IV Ozone (MAH)
- IV Ozone with Ultraviolet (MAH/UVB)
- B12 Injection
- Brain Integration Therapy
- Prolozone

For what medical condition are you seeking treatment(s)?_____

_____

When did this situation begin?_____

Are you currently receiving any other treatments for this condition? Yes No

If yes, please describe:_____

_____

_____

Medications & Supplements you are currently taking:_____

_____

_____

Allergies – Drug:_____

_____

Food:_____

_____

Environmental:_____

_____

Do you react poorly to B-Vitamins or have a Methylation defect? Yes No

Do you have any implanted medical device(s)? Yes No

If yes, please describe:_____

_____

MEDICAL HISTORY:

Please circle any condition(s) that you have been diagnosed with, have a history of, or are currently experiencing:

AIDS
Autoimmune Disease
Adrenal Fatigue
Fatigue/Chronic Fatigue

Addiction(s)
Anxiety/Panic attack
Depression
Epilepsy/Seizures
Headaches

Abnormal Bleeding
Blood Clots
Phlebitis

Cancer

Organ Transplant
Thyroid Disorder (hypo/hyper)
Kidney disease
Kidney stone
Liver disease
Hepatitis
Diabetes
Gout
Skin condition
Fever
Dizzyness

Heart Disease
High or Low Blood Pressure
Respiratory/Lung Disease

Other:_____

_____

_____

Female Clients:

Are you currently, or could you be pregnant:	Yes	No
Are you currently menstruating:	Yes	No
Do you have breast implants:	Yes	No

Please describe and provide dates:

Major Surgeries/Accidents/Injuries:_____

_____

_____

Patient Signature:_____ **Date:**_____

Reviewed By:_____ **Date:**_____

Patient Cleared to Proceed with:_____

_____

_____