

SECTION ONE – General Information

Name: _____
 Address: _____
 City: _____
 Phone #: _____
 Date: _____
 Referred by: _____
 Birthdate: _____

SECTION TWO – Health Concerns

List your primary health issue/concern:

List secondary health issues/concerns:

What measures have you tried in order to resolve the above health issues?

What would you like to accomplish in this “Check It Out” consultation?

SECTION THREE – Health Interests

Of the following services we provide, do you have any particular interests or questions? Check all that apply.

- Chiropractic
- Diagnostic X-Ray
- Physical therapy
- Diagnostic laboratory tests (blood, urine, saliva, hair, stool, etc.)
- Nutrient therapies
- Food sensitivity / Allergy testing
- Female/Male hormone testing
- Diet / Exercise / Nutrition coaching
- LifeStyle Weight Management Program
- Cost of care / Insurance coverage
- Our philosophical approach to health
- _____
- _____
- _____

SECTION FOUR – Our Commitment

In this consultation, we desire to address your questions and concerns while also allowing you to become familiar with our clinic and the Total Health Solutions Team. Thank you for giving us the opportunity to serve you in this way!

Dr. Mitchel V. Mondo

& your Total Health Solutions Team

For clinic use: