

OPTIMAL WELLNESS OF LONG ISLAND

516-801-4971

optimal-wellness.com

FIRST TIME EVALUATION

Please complete the following questions carefully.

How Did You Learn About Our Services?

Personal Referral _____ Doctor/ Practitioner _____ Print Ad _____ Internet _____ Yellow Pgs _____

Who May We Thank for the Referral: _____ Other: _____

Name: _____ M [] F [] Birth date ____/____/____ Age _____

Address: _____ E-Mail _____

City: _____ State: _____ Zip: _____ Occupation: _____

Height: _____ Weight: _____ Marital Status: S [] M [] D [] W [] # children _____

Home # () Work # () Cell # ()

1. Which treatments are you receiving today? _____

2. Have you ever had any of these treatments before? _____ If so, when? _____

3. Other forms of Detox: _____

4. Are you now under a doctor's care? _____ If so, please explain: _____

5. Doctor's name _____ Phone: _____

6. Major physical complaints: _____

7. List all medications & supplements you now take regularly (including over the counter) _____

8. List all known allergies: _____

9. How much **water** do you drink per day? _____ (Source: tap, bottled, filtered, boiled)

10. **Exercise:** What kind of exercise do you do? _____

How often? _____ For how long at a time? _____

11. **Energy:** Please rate your energy on a scale from 1-10 (10 = "optimal energy" - 1 = "can't get out of bed") _____

OPTIMAL WELLNESS OF LONG ISLAND

516-801-4971

optimal-wellness.com

12. Diet: What type of diet best describes your general **dietary habits**: *junk food/fast food eater, standard American diet, vegetarian, vegan, macrobiotic, health conscious, natural food eater (over 50% organic), transitional (from junk food to health conscious).*

Other: _____

FOOD STRESSERS: Circle which of the following do you have every week. In the column, indicate how many times per week you have each item:

Stimulants	Toxic Oils	Commercial Dairy	Highly-Heated Foods
Coffee (including decaf)	Fried food	Cow's milk	Bread (store bought)
Black tea, caffeine drinks	Fast food	Yogurt	Crackers (store bought)
Soft drinks (colas, etc.)	Potato or corn chips	Ice cream	Bagels (store bought)
Drinks with Nutra Sweet	Roasted nuts	Cottage cheese	Buns (store bought)
Alcohol (wine, beer, etc.)	Mayonnaise	Sour cream	Pasta (store bought)
Chocolate	Margarine	Cheese (commercial)	Muffins (store bought)
Candy, pastries, sweets	Peanut butter (commercial)		Cookies (store bought)

13. Smoking: Do you currently smoke? _____ If yes, how much? _____ How long have you smoked? _____

14. Stress: Please rate your current stress level (on a scale of 1 to 10, 10 being the highest stress): _____

What is the main reason for your stress? _____

If over level 5, what step(s) are you taking to reduce your stress level? _____

15. What would you like to receive from this appointment today? _____

IF YOU ARE A FEDERAL, STATE OR LOCAL
AGENT UPON ENTERING THESE PREMISES, YOU
MUST DECLARE SAME OR UNDER THE BIVENS
ACT – ARTICLE 42, BE HELD PERSONNALLY AND
INDIVIDUALLY RESPONSIBLE

Signature & Date

OPTIMAL WELLNESS OF LONG ISLAND
516-801-4971
optimal-wellness.com

FINANCIAL & CANCELLATION POLICY 2007

Due to our waiting list of clients we must charge for any missed appointments. Unless 24 hours notice is given to change or cancel an appointment, you will be charged for the missed appointment.

Your time is valuable and we appreciate your understanding that our time is valuable as well. Your willingness to cover the cost of a missed appointment when you cannot give 24 hours notice clearly demonstrates your consideration of our time and efforts. We appreciate it.

Thank you for your understanding and cooperation of these financial guidelines.

I acknowledge that Dan Goldberg CN, CT. and staff members of Optimal Wellness of Long Island, Inc. are not medical doctors. I understand that Dan Goldberg and staff members of Optimal Wellness of Long Island, Inc. provide nutritional and other health-related information to help me attain and maintain my best health. Dan Goldberg will help determine which nutrients my body needs bolstered. All recommendations are designed to help me move towards my best state of health through personalized recommendations in lifestyle, exercise, health habits and advanced nutrition. I understand that Dan Goldberg and staff members of Optimal Wellness of Long Island, Inc. do NOT diagnose, treat or claim to cure cancer or any other disease.

I have read this informed consent and understand it. I am not a minor (under the age of 18). Additionally, I am here on this day and any subsequent visit, solely on my own behalf and not as an agent for federal, state, or local agencies on a mission of entrapment or investigation.

Dan Goldberg and Staff

I understand the above Financial & Cancellation Policy and will abide by these charges:

Signature of Client

Date