Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Natural Health and Vitality? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Red Light Therapy typically involves a few considerations to ensure safety and effectiveness:**

* *Red light Therapy works but you have to do your part with a healthy diet, increase in water intake and exercise.*
* *Your results will be increased with the Nutrition and Health Coaching on board.*
* *Your diet and environment consist of everything you****eat, drink, rub on your skin,****or****inhale.***
* *This is not a quick fix; we will be working toward a permanent one.*
* *You will not only get fat reduction but increase in energy, mood, pain and skin benefits.*
* *If you’re under 5’2” you must wear eye protective gear provided.*
* *Our therapy is safe, natural, non-invasive and painless.*
* *Benefits build over time so consistency is key. Many people see results after first few sessions.*

 What is your Height \_\_\_\_\_ Weight \_\_\_\_\_\_

How much weight are you looking to lose? \_\_\_\_\_\_ (*This system reduces fat and helps gain lean muscle. You may not experience a weight loss but more of a body contouring because lean muscle weighs more than fat.)*

How long have you felt over weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What have you tried in past: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What body type are you? Circle all that apply: Liver, Ovarian/Estrogen, Adrenal/Cortisol, Thyroid. *(If not sure we will discuss at consult apt.)*

What Medical Diagnoses do you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What medications/supplements are you currently taking? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of them light sensitive medications? ⁭Yes ⁭No

 Do you have pain and where is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Do you have any skin conditions? *(Rashes, itchiness, dryness, wound, age spots, Rosacea, acnes,*

 *stretchmarks, scars etc.)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Do you have recurrent or chronic problems with any of the following?***

⁭ Headaches/Migraines ⁭ Skin ⁭ Heartburn/Reflux

⁭ Emotional/Neurological ⁭ Auto Immune ⁭ Constipation/Diarrhea

⁭ High Blood Pressure ⁭ Liver/Gallbladder ⁭ Pain/Nerve

⁭ Lyme Disease ⁭ Sleep/Fatigue ⁭ Muscle Issues

⁭ Stress ⁭ Thyroid ⁭ Joint pain

⁭ Blood Sugar issues ⁭ Kidney/Bladder ⁭ Candida/Fungus

⁭ Hormones ⁭ Anxiety/Depression ⁭ Unhealed wound

 Have you recently had Botox/fillers*?* ⁭Yes ⁭No if so, where on body and how long ago was last injection?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you pregnant/breastfeeding?  ⁭Yes ⁭No

How often do you have a bowel movement? \_\_\_\_\_\_\_\_\_

What are the issues you have with your gut? (*Ex. Gas, bloat, disease, constipation)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of diet do you eat? *(All American, gluten free, dairy free, etc*...) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What foods cause you discomfort? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have cancer? ⁭Yes ⁭No Have you had cancer in past? ⁭Yes ⁭No

Do you have stage 4 liver failure? ⁭Yes ⁭No Any liver issues ⁭Yes ⁭No Do you drink alcohol ⁭Yes ⁭No *(if so,*

*you may need to refrain from alcohol during your red-light protocol to help free up the liver so it can excrete the fat from the cells).*

Gallbladder removed? ⁭Yes ⁭No Gallbladder pain? ⁭Yes ⁭No

Metal in the body ⁭Yes ⁭No (*You can do Red Light Therapy but we need to watch the metal areas for*

*excess heat. We may need to cover that area while in session).*

Check all areas of treatment that interest you:

\_\_\_Fat reduction

\_\_\_Cellulite reduction/Skin tightening

\_\_\_General Wellness

\_\_\_More Energy

\_\_\_Stress Reduction

\_\_\_Better sleep

\_\_\_Pain reduction

\_\_\_Inflammation Reduction

\_\_\_Better glowing skin/Reduced wrinkles

\_\_\_Gain lean muscle

Does your weight cause:

\_\_\_Discomfort

\_\_\_Physical pain

\_\_\_Feel self-conscious

\_\_\_Limit activities

\_\_\_Binge eating

\_\_\_Cravings

\_\_\_Emotional eating

\_\_\_Snacking between meals

\_\_\_Lack of energy

What is more important to you Fast or Permanent results? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you will to make some life style changes? ⁭Yes ⁭No

What are some obstacles that you foresee getting in the way of your goal? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*The red light will do its job, it’s up to you to keep the fat from filling the cells up again.

 \* If you’re more than 5 minutes late for your red-light session we may have to reschedule.

\*Refer a friend who tries the bed via the paid trial and you get a free Red-Light session.

We believe you can reach your goal with our system. You have what it takes and with some dedication and work on your end, there is nothing stopping you from getting there. Let’s give it your best, and you’ll see amazing results! Remember this is safe, natural and long term. It’s not a quick fix, although many see results within just a few sessions.