

Tanglewood Wellness Center
Supervised Fast Registration Form
 For the confidential use of the Tanglewood Wellness Center

Today's Date: ___/___/___

Fasting Dates: _____ Total Days: _____

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Marital Status (Circle): Single/Mar/Div/Sep # of Children: _____

Address: _____

City, State, and Zip: _____

Phone: (Hm) _____ (Bus) _____ (Cell) _____

Email: _____ Occupation: _____

In Case of an Emergency Contact: _____ Phone: _____

Health and Medical History

If you don't have an answer, or if the question doesn't apply to you, please leave it blank

Present Health Problem:

How long has this been a problem? _____

What is your current diet? _____

Surgeries

Type(s): _____ Date(s): _____

List Complications: _____

Recent hospitalizations: _____

Present Medications/Hormone Treatments/Supplements: _____

Allergies: _____ Are you pregnant, or think you might be? Yes/No

CIRCLE any Present Complaints and **UNDERLINE** any important Previous illnesses:

- | | | | | | | |
|----------------------|-----------------------|----------------------|----------------------|----------------------|-----------------|----------------|
| anemia/blood disease | diarrhea | gum or tooth problem | lipo-suction | psychiatric problem | swollen joints | <u>Women</u> |
| arthritis | dizziness, | headache | measles | problem | throat problem | Birth control |
| asthma | fainting | heart problem | migraine | pseudoatrophy | thyroid disease | pills Breast |
| back or neck problem | epilepsy | hemorrhoids | headaches | rheumatic fever | tuberculosis | problem |
| blood in stool | excessive worry | hepatitis | mononucleosis | scar problems | tumor, cyst | Excessive flow |
| bruise easily | eye trouble | hernia | mumps | sensitive skin | ulcer | Irregular |
| cancer | fatigue | high blood | muscle cramps | sinus/nose problem | varicose veins | periods |
| chicken pox | frequent | pressure | nervousness | shortness of breath | veneral disease | Pregnancy |
| chronic cough | anxiety | high cholesterol | obesity | skin problem | vision problem | problems |
| clot in veins | gain/loss of weight | HIV/Aids | pain in chest | sleep problem | <u>Men</u> | Vagina/uterus |
| colitis | gall stones | hypoglycemiad | palpitations | stomach problem | Prostate | problem |
| constipation | gall bladder problems | intestinal problem | phlebitis | swollen glands/lumps | problem | Other _____ |
| depression | gas or bloating | jaundice | pregnant (currently) | | Testicle | _____ |
| diabetes | | kidney problem | | | problem | _____ |

