health by Doctor T.

PATIENT FORM

Name_____Phone_____Client #_____

Height_____Age_____FEMALE / MALE_____NORMAL / ATHLETE

Pre-Paid Pkg_____Purchase Date_____Source_____

Session	Date	Initials	Services	Weight	BMI	Hydration
Initial						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Add'l Supplements_____

Add'l Recommendations_____

INITIAL	DATE	FINAL	DATE
Pictures		Pictures	
Measurements		Measurements	
Body Fat %		Body Fat %	
Hydration %		Hydration %	
Toxicity Questionnaire		Toxicity Questionnaire	
Other:		Other:	
Other:		Other:	