



## Regenerative Therapy

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: Male Female

Reason for interest in Regenerative Therapy?

### LIFESTYLE & HABITS

Average # of hours of sleep per night: \_\_\_\_\_ Sleep Quality: (Poor) 1 ↔ 10 (Great) \_\_\_\_\_

Alcohol: Yes ..... No Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

Soft Drinks: Yes ..... No Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

Coffee: Yes ..... No Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

Energy Drinks: Yes ..... No Per Day \_\_\_\_\_ Per Week \_\_\_\_\_

Smoking: Yes ..... No Packs Per Day \_\_\_\_\_ Packs Per Week \_\_\_\_\_

Exercise: None: \_\_\_\_\_ Moderate: \_\_\_\_\_ Heavy: \_\_\_\_\_

Type of Exercise: \_\_\_\_\_

Diet: Your typical daily food consumption

Eat Out / Fast Food: Times per week \_\_\_\_\_

Quality of Food: (Eat whatever) 1 ↔ 10 (Clean Organic Only) \_\_\_\_\_

Operations and Procedures: Date(s) and Outcomes

Cosmetic or functional Implants or device:

Accidents: Date(s) and Outcomes

Medications: List meds you are now taking and how long you have been taking them

Nutritional supplements: List which ones and amount if you can

Please mark the areas on the drawings using the codes listed below that may pertain to your issues:

**N – Numbness**

**S – Soreness**

**A – Ache**

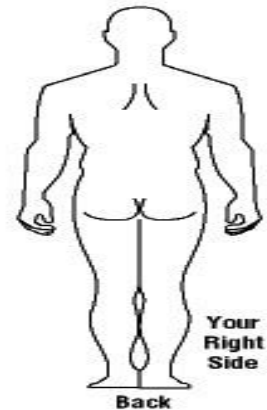
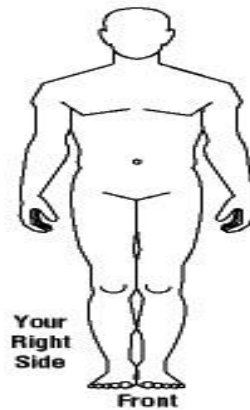
**T – Tingling**

**P – Pain**

**ST – Stiffness**

Describe the area and type of symptoms you are experiencing.

(Examples: I experience numbness in my right wrist



**\*Please attach any past labs or reports that pertain to your situation.**

How would you prefer to be contacted by our health Consultant?

Phone (Cell): \_\_\_\_\_ Other: \_\_\_\_\_

Email(s): \_\_\_\_\_

**Patient's signature: x** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please save this form and email to [healthcenter@parkerhealthsolutions.com](mailto:healthcenter@parkerhealthsolutions.com) prior to your appointment. You may also email along any lab work or tests you wish to submit.