PRE-TREATMENT CHECKLIST

Thank you for selecting the Life Vessel Wellness Center, Inc. Whether your decision to visit our center is based on resolving a specific condition or simply addressing preventative wellness as an approach to good health, our objective is to assist you in reaching your health-related goals. Please review the attached checklist in preparation for your visit. Should you have any questions or if we can be of assistance in any way, please do not hesitate to contact us.

☐ Please read all the material in this packet.

☐ Please complete all forms and make arrangements (email, fax, mail, etc.) for them to arrive to our office prior to your first visit.

☐ Please discuss with us any chiropractic, massage, acupuncture, or any other "energy work" planned for within three weeks following your visit.

☐ We highly encourage hydration as part of the Life Vessel treatment protocol. You must be prepared to commit to drinking water on a consistent basis. Weight, gender and medical dysfunction can impact the amount of water each individual can consume. We will review amounts of water and when consumption should start upon the scheduling of your Life Vessel appointment.

☐ Please refrain from eating one (1) to two (2) hours prior to your ***first*** Life Vessel visit. Drinking a modest amount of water prior to your first visit is okay.

☐ Please dress comfortably and casually (loose-fitting clothing and minimal jewelry is highly suggested. Underwire bras are not recommended for women).

☐ Please do not wear any colognes, perfumes, or fragrant lotions the day of your treatment.

☐ Please tum off your cell phone prior to arriving at the Life Vessel Center.

☐ Please understand that your past habit patterns could well be impacting your present condition. This may necessitate a re-evaluation of your lifestyle, whether it is diet, exercise, food choices or habitat. Please be prepared to discuss any recommended adjustments that may be required to regain your optimum health.

6255 Cornhusker Hwy
Lincoln, NE 68507
Phone: 7203394870
www.qwellnesscbd.com
sales@qccfirm.com

CONFIDENTIAL MEDICAL QUESTIONNAIRE

Please be advised that Life Vessel® sessions will not be scheduled until receipt of this form

Personal Information:

Name: _____ Referred by: _____

DOB: _____ Height: _____ Weight: _____ Email: _____

Telephone Home: _____ Work: _____ Cell: _____

Address (city, state, zip): _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Relationship Status: Single _ Married Partner Separated____ Divorced Widow Widower

Spouse/Partner Name: _____ # of Children: _____

Occupation: _____ Do you enjoy your work? Y ☐ N ☐

Water Consumption:

Optimal Life Vessel results require proper hydration. Water intake varies per client size and health challenges. Amounts should be discussed with Life Vessel staff prior to visit. Hydration protocols should commence approximately three to four days prior to your first Life Vessel session and continues for approximately 10-14 days after your last Life Vessel session.

Do you anticipate any difficulty with this? Y ☐ N ☐

If yes, please explain---

Health Questions:

Please describe your current state of health:---

Primary reason(s) for seeing us:---

Other health concerns:---

Please describe how stress currently affects your life:---

Health Goals:---

Describe any special medical attention or assistance you will need while visiting our center? _____

Allergies and Sensitivities:

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Family Medical History:

		Deceased Age	Health Issues
Father:	_____	_____	_____
Mother:	_____	_____	_____
Siblings:	_____	_____	_____

Other relevant family medical history ----------

General Questions:

Do you generally feel supported in your relationships?	Y ☐	N ☐	Are there any pins or wires in your body?	Y ☐	N ☐
Is your home environment stressful?	Y ☐	N ☐	Do you wear contact lenses?	Y ☐	N ☐
Are you in fear regarding your health?	Y ☐	N ☐	Do you drink more than one alcoholic beverage a day?	Y ☐	N ☐
Do you practice meditation or relaxation techniques?	Y ☐	N ☐	Do you smoke?	Y ☐	N ☐
Do you adhere to a particular diet?	Y ☐	N ☐	Do you use recreational drugs?	Y ☐	N ☐

What drives you, inspires you, gives you a sense of purpose?----------

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Please describe your exercise/activity routine:----------

Regaining well-being usually requires a strong personal commitment. How ready do you feel you are to make some lifestyle changes, diet changes and possibly attitude changes in your pursuit of better health? Ready ☐ Somewhat Ready ☐ Not looking to make changes ☐

Are there any obstacles you can identify to making these kinds of changes?_____

Payment Policy:

Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. Although some of our services may be covered through your insurance plan, we do not bill your insurance and reimbursement is the responsibility of the patient. We are pleased to provide billing codes and any other documentation that will assist you through this process. We accept payment in the form of cash, check or credit card. If you must cancel or reschedule an appointment, please do so at least 24 hours before the scheduled appointment time. Your signature below signifies your understanding and willingness to comply with these policies.

Life Vessel Disclaimer:

I have read the above information and have completed this form to the best of my knowledge. I understand that the questions on this form are being asked in order to better assess my current condition and their relationship to my well-being. I further understand that I am voluntarily agreeing to have a relaxation therapy session in the Life Vessel and that no medical claims or promises of healing have been given. Lastly, I acknowledge that the Life Vessel treatments do not supersede the recommendation of my personal physician nor are intended to replace the conventional standard of medical care.

Printed Name: .....

Signature ---------- Date:_____

Physician---------- Date:_____

Technician:---------- Date:_____