

# Whole Body HealthCare and Wellness LLC ®

## NEW PATIENT FORM

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK : \_\_\_\_\_ CELL: \_\_\_\_\_ IS TEXTING AVAIBLE? Y / N

EMERGENCY CONTACT: \_\_\_\_\_ (Cell ) \_\_\_\_\_ (DOB) \_\_\_\_\_

I, the undersigned person, do agree and understand, Whole Body HealthCare And Wellness LLC. ® owner Dr. Renee Hartman is an Immunologist and Licensed and Board-Certified Doctor of Alternative, Natural and Integrative Medicines. In addition, a Certified Holistic Health Practitioner, Certified Alternative Medical Practitioner, Health Coach, BHRT, among others. Dr. Hartman still **CANNOT**: Medically Diagnose, Prescribe, or Claim to Treat/Practice, for any medical conditions or ailments. I understand Dr. Hartman's techniques, treatments, and alternative approaches have many healing benefits and I understand she is not legally allowed in Indiana to prescribe, claim to treat medically or diagnose.

I hereby waive and release Whole Body HealthCare and Wellness LLC. ® and owner Dr. Renee Hartman from any and all responsible, and liable for past, present and future relating to any of these natural therapies, treatments, and approaches. I affirm I have come to this place to avail myself of the natural services and professional therapies offered and have not and will not ask Dr. Hartman to do anything **illegal** in the State of Indiana nor anything that is against her Personal or Professional moral code.

I, the undersigned person do agree and understand Dr. Hartman has to follow all schools, certification, accreditation and state, rules, laws, and regulations.

By signing below: I, the undersigned person affirm I have understood all the above information. I will provide in the following questions and answers, honest and true responses that are to the best of my current knowledge. I fully understand all documents are legal and binding in the state of Indiana; and if any misconduct would occur, Whole Body HealthCare And Wellness LLC. ® owner Dr. Renee Hartman has the authority and the right, to take all appropriate actions needed.

DATE \_\_\_\_\_ PATIENT \_\_\_\_\_

DATE \_\_\_\_\_ DR. HARTMAN \_\_\_\_\_

### **GENERAL & MEDICAL QUESTIONS AND ANSWERS (PLEASE PRINT)**

1.) Have you ever been convicted of a crime or felony? Y/N If so please explain in detail:

\* If convicted, are you listed on the Indiana State Sex and Violent Offender Registry? Y/N  
Please note if for any reason(s) I feel you may be a threat to me or my business, by the law *Right of Refusal, Human Rights and Good Business Practices*; I can decline this form. Due to this law please don't be offended if you are declined.

2.) What are you seeking from Dr. Hartman? Please Explain:

\_\_\_\_\_

3.) What have you done up to this point before you found Dr. Hartman? Please explain

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**Con: General & Medical Q & A.**

4.) What past health conditions - challenges have you been dealing with? Please explain in depth, including how long, are you still dealing with them, and the doctor attending to you at this time:

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5.) **Do you have any NEW Medical conditions? Y/ N** ((A few Examples): Arthritis, Back problems, Blood Clots, Breathing problems, Bruise Easy, Carpal Tunnel, Cancer, Claustrophobic, Fibromyalgia, Frozen Shoulder, Heart problems, HIV, Headaches, High blood pressure, Any Hepatitis conditions, Lupus, MERSA, Migraines, Muscle spasms, Multiple Sclerosis, Muscular Dystrophy, Nail Fungi, Parkinson's, Paralysis, Poor Circulation, Pacemaker, Scoliosis, Sonjers, Strokes, TMJ problems, Tumors (**Etc.**) Please explain and include how long you have had or experienced this/these condition(s) from above list or add others not listed:

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6.) Dr. Hartman may discuss anything she feels necessary with your physician(s). Please fill in your Doctor(s) name(s):

- Where is his/ her office located? \_\_\_\_\_
- Best phone number to reach him/ her: \_\_\_\_\_

7.) Do you have any Allergies of any kind? **Y/ N** Please list new and old one: \_\_\_\_\_

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8.) Have you had ANY changes in your Physical or Mental Health lately? Please Explain

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9.) On a scale from 1 - 10 (1 being the very least and 10 being fully committed to doing what it takes) What level are you on the scale? \_\_\_\_\_

10) Do you have ANY other information Dr. Hartman needs to know or be aware of, that was not covered in the above questions? \_\_\_\_\_

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**Dr. Hartman PhD, IMD, NMD– Notes:**