



2230 N Ridge Rd
Wichita, KS 67205
Phone: 316.425.0035 – Fax: 316.425.0045
www.arnoldkc.com
office@arnoldkc.com

PRE-TREATMENT CHECKLIST

Thank you for selecting the Arnold Kinesiology Center. 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.
- Commit to drinking up to **one gallon of water a day** (16 cups / 128 oz.) starting the day before your first Life Vessel session and continuing for the next 21 days. This is a part of the treatment and is a requirement. We will be unable to continue sessions unless you are prepared to do this.
- 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 avoid any caffeine, coffee, excessive sugar, or juice the morning or day of your Heart Quest Test.
- Please dress comfortably and casually (loose-fitting clothing and minimal jewelry is highly suggested. Sports bras or underwire bras are not recommended for women).
- Please bring a container for your contacts or wear glasses so they can be removed prior to your session.
- Please do not wear any colognes, perfumes, or fragrant lotions the day of your treatment.
- Please turn 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.



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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 drinking up to one gallon (16 cups / 128 oz.) of water daily starting the day before your first Life Vessel session and for the subsequent 14 days.

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 & Sensitivities:



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Family Medical History:

	<u>Age</u>	<u>Deceased Age</u>	<u>Health Issues</u>
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? _____

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: _____

