

Female:

What was the age of first Menses: _____ Previous Pregnancies? _____

Any miscarriages/abortions? _____ Any Birth Control? _____

Menopause/Start Date? _____ Lingering Menopausal Complaints: _____

Male:

Any history of impotence, prostate, or urination problems? _____

Any related treatments? _____

How Much of the Following Substances Are You Using per week?

Tobacco _____ Alcohol _____ Coffee _____ Recreational Drugs _____

If experiencing any known allergies or intolerances:

Which of the following trigger (or cause) symptoms? Please circle all that apply.

Grass	Leaves	Perfumes	Insecticides	Smoke	Cold Air	Other: _____
Hay	Cats	Cosmetics	Odors	Pollution	Humidity	
Mold/Mildew	Dogs	Aerosol Spray	Drafts	Exercise	Weather Change	
Basements	Horses	Alcohol	House Dust	Nervousness	Latex	

When are your Symptoms worse?

Year-Round	January	February	March	April	May	June
July	August	September	October	November	December	

Environmental Survey

Do you live in a: House Apt/Duplex Condo/Townhome

Do you live: In the city In the suburbs Rural Area

#of Pets and which kind: _____

Medical/Professional Waiver

PLEASE READ THE FOLLOWING CAREFULLY (if under 19 years of age, a parent or guardian must sign.) I, the undersigned, understand that Lisa Decandia is a Registered Homeopath and Bioenergetic (BIE) practitioner and **not** a licensed medical doctor.

- As such, I acknowledge that it is my responsibility to seek medical diagnosis and advice for my present and future conditions from a licensed medical doctor.
- In consulting with Lisa Decandia, I am exercising my right to choose an alternative method of treatment through which to address my total health and I reserve the right to terminate BIE treatment at any time if so inclined.
- I acknowledge that Lisa Decandia does not diagnose or give direction on any current medications or diagnosis treatment plan from my licensed medical doctor.
- I acknowledge that the GSR-120 unit used in BIE treatment is not intended to be used to diagnose, cure, prognosticate, or for the treatment of disease or any act which will constitute the practice of medicine in this country in which a medical license is required.
- The GSR-120 unit is used to direct energy directly into various acupuncture points on the body to help create homeostasis.
- As BIE treatment is not covered by the existing government medical insurance plan, I agree to pay all fees presented in the current rate schedule.
- I consent that from time to time I may receive e-mails from Lisa Decandia and/or LDC Wellness which will provide me with relevant health information/newsletter, upcoming events, homeopathic, BIE and natural health seminars and learning opportunities. I understand that I can unsubscribe to these e-mails at any time.

Patient Signature: _____ (or parent/guardian) Date: _____

Witness: _____