3033 Winkler Ave, Suite 170 Fort Myers, Florida 33916

P: 239.275.0039 F: 239.931.7670 yollowellness.com

**PATIENT INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  | Today's Date: | / | / |
| Name: |  |  |  |  |  |  |  | DOB: | / | / |
| Address: |  |  |  |  | City: |  |  |  | State: | |
| Zip Code: | Cell #: ( | ) | - |  | Home #: ( | ) | | | - |  |
| Email: |  | Height: |  | Weight: |  |  |  | Best Contact #? | Cell | Home |
| Alternative Address if Seasonal: | |  |  |  |  |  |  |  |  |  |
| If Patient is a Minor, Parent or Legal Guardian's Name: | | | |  |  |  |  |  |  |  |
| Who may we thank for referring you: | | |  |  |  |  |  |  |  |  |
| Physician you would like us to share information with: | | | |  |  |  |  |  |  |  |
| Phone #: ( | ) | - |  | Fax #: ( | ) |  |  |  | - |  |
| Address: |  |  |  | City: |  |  |  |  | State: | |
| Zip Code: |  | Insurance: |  |  |  |  |  | Policy #: | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **List of Medications:** | |  |  |  | **List of Vitamins / Supplements:** | | | | |
|  |  |  |  |  |  |  |  |  |  |  |
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**Do you have any of the following symptoms?**

**Head and Nervous System Symptoms**

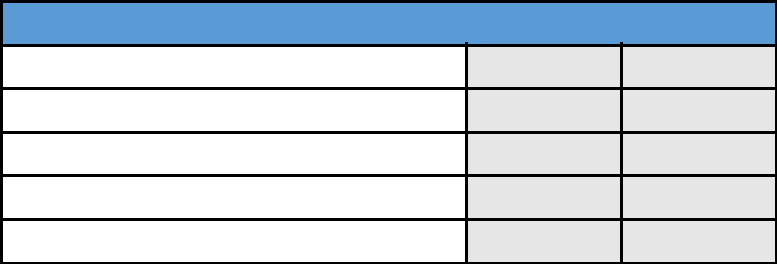
|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Frequently Rarely** | |
| Headaches, including Migraines |  |  |
| General Fatigue |  |  |
| Anxious / Nervousness |  |  |
| Poor Memory |  |  |
| Brain Fog |  |  |
| Sinus Congestion |  |  |
| Vertigo (Dizziness) |  |  |
| Hard to Concentrate |  |  |
| Restless Leg Syndrome |  |  |
| Irritablility |  |  |

**Hormonal / Thyroid / Gut Symptoms**

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Frequently Rarely** | |
| Crave high sugar foods |  |  |
| Discomfort after eating |  |  |
| Diarrhea |  |  |
| Constipation |  |  |
| Cramping |  |  |
| Nausea or Vomitting |  |  |
| Excessive fatigue after meals |  |  |
| Heartburn |  |  |
| Weight loss/gain issues |  |  |
| Iron absorption / deficient issue |  |  |

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**Hormonal / Thyroid / Gut Symptoms Continued**



**Symptoms** **Frequently Rarely**

Mood Swings

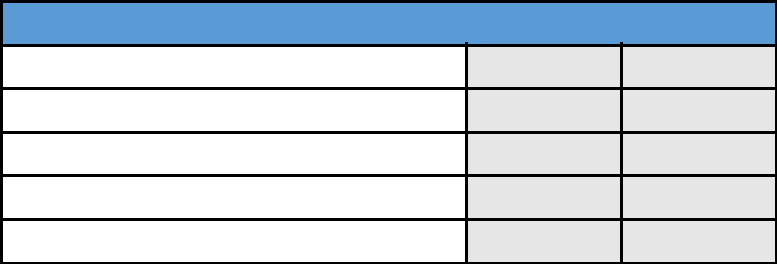
Difficulty falling or staying asleep

Menstrual problems or PMS

Anxiety

Depression

**Muscle and Joint Symptoms**



**Symptoms** **Frequently Rarely**

Joint pain with or without activity

Muscle aches

Migrating joint pain

Muscle spasms (especially in legs)

Bones hurt

**Immune System & Skin Problems**

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Frequently Rarely** | |
| Urinary Tract Infections |  |  |
| Respiratory Infections |  |  |
| Asthma / Breathing issues |  |  |
| Vaginal/Oral/Nail Yeast Infection |  |  |
| Fever Blisters / Mouth Ulcers |  |  |
| Eczema / Skin rash / Psoriasis |  |  |

**Which foods do you consume on a regular basis?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Foods** | **Daily** | **Weekly** | **Monthly** | **Never** |
| Corn |  |  |  |  |
| Wheat |  |  |  |  |
| Milk |  |  |  |  |
| Egg |  |  |  |  |
| Peanut |  |  |  |  |
| Other Nut |  |  |  |  |
| Soy |  |  |  |  |
| Seafood |  |  |  |  |
| Red Meat |  |  |  |  |
| Beans |  |  |  |  |

**Other Internal Diseases/Problems**

|  |  |  |
| --- | --- | --- |
| **Symptoms** | **Frequently** | **Rarely** |
| Gallbladder problems |  |  |
| Non-Alcoholic Fatty Liver Disease |  |  |
| Lymphoma |  |  |
| Elevated Liver Enzymes |  |  |
| Platelet Disorders |  |  |
| Autoimmune Hepatitis |  |  |
| Lymphoma |  |  |
|  |  |  |
| **Other:** | **YES** | **NO** |
| Smoke cigarettes? |  |  |
| Use a vapor? |  |  |
| Drink Alcohol? |  |  |
| Ear problems/issues? |  |  |
| Less than 20 oz water daily? |  |  |
| 20-50 oz water daily? |  |  |
| Over 50 oz water daily? |  |  |

\*Please note if you answered yes to alcohol and/or smoking/vapor, you may not be eligible for our program.

|  |  |  |
| --- | --- | --- |
| **Diseases / Surgeries / Diagnosis** | **Month / Year** | **From what Doctor or Facility?** |
|  |  |  |
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Primary Reason for coming to YOLLO Wellness Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Please list your 3 goals you would like to achieve through YOLLO therapies and protocols:

1



2



3



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Yollo Wellness is a place where you go to restore and maintain your health. Our purpose is to help you achieve your health goals. We have been educating and changing lives for 13 years. Once you make a commitment to being a part of YOLLO Wellness, we will help guide you down the roads (which will be a few) to learn how to restore your health, heal naturally and maintain a healthy lifestyle. The practices and procedures are not of our opinions. We have several certifi-cations and thousands of hours of training along with case studies of our own which guides us to help you achieve your goals. Our approach is a step by step procedure taking into consideration your time and costs. We are a cash for service although a few of our test panels may be covered in part by some insurances. The following is how we will proceed:

1. Schedule a new client intake and health evaluation which will last anywhere from 90 to 120 minutes. At this appoint-ment you will be educated on proper food plan according to ANC, Dr. Perlmutter, Dr. Peter Osborne, Dr. Frank Shallenberger, Paul Greenberg, William Sears, Dunwoody Labs and Physicians, Vibrant America Labs and YOLLO Wellness.
2. We will also view your Live Blood Cell Analysis and discuss the results.
3. At this time, according to your goals and symptoms, the blood panels will be explained that will best serve you. Blood will be drawn and processed at YOLLO Wellness. Pricing will be explained and what results you should expect as well as the steps to follow after that with supplements, herbs and nutrition. Results take approximately 15 BUSINESS days to return and then 1-2 days for us to review and make our notes according to your health history and personal health goals. Most suggestions will be presented at that time based off your results.
4. Hyperbaric Oxygen Therapy, Ozone Therapy, Thermography and Magnesphere frequency therapy may be suggested to help you achieve your goals. Some require 5-120 treatments depending on your health situation. Maintenance is ongoing 1-5 times per week.
5. Monthly, bi-monthly, quarterly and yearly follow-up blood work is always suggested to achieve and maintain good health.
6. Please don't start our program if you don't feel this is the right fit for you. Our success is based on following our protocols and not deviating. It's always best to take a day to think about what we have dicussed, then to start something you won't be able to follow through with because you are not willing and/or able to make the necessary changes.
7. We are a wellness center which means we don't tolerate the use of alcohol, cigarettes, vapes, drugs, or oils while using our services. You must be freshly showered with no residue or herbal odors as these may affect your outcome, the people around you, and the functioning of our equipment. If we notice any oders, this will be addressed. If you don't follow the guidelines you may be asked to discontinue treatments until you can freshly shower and stop using odor emitting herbs, supplements, or toxins.
8. We do not refund money because our services are already discounted.
9. We don't take back product once it leaves our business because that is a state law.
10. Hyperbaric and Magnesphere work better after you receive "other" therapies such as Physical Therapy, but still benefit before them as well.
11. Everyone must do a new client health review before receiving treatments.
12. Discounted packages are non-refundable but can be transferred to another client of YOLLO Wellness.

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**Authorization Form**



I give permission to YOLLO Wellness Center to use my address, phone number and clinical record to contact me with appointment reminders, missed appointment notification, birthday cards, holiday related information or other health related information. INITIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I give permission to YOLLO Wellness Center to leave a phone message on my answering machines or voice mail. INITIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I give YOLLO Wellness Center permission to provide hyperbaric therapy in an open room where other patients are also receiving hyperbaric therapy. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I will not use alcohol, cigarettes, or vapor while receiving YOLLO Therapies as these may prevent positive changes. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I understand that when I am at YOLLO Wellness Center I will NOT use any of the following: Oils, Lotions, Scented Sprays, Cologne / Perfumes, Hairsprays, Scented Soaps, Medicines or Pills that cause an odor. If I am not compliant I will be asked to leave. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I will shower 1-2 hours prior to entering YOLLO Wellness Center (not the night before) and stop use of all odor causing herbs, supplements or toxins or I will be asked to discontinue YOLLO Therapies. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_



In case of an emergency 911 will be called first and my emergency contact will be called second. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I understand that YOLLO Consultants have the right to require your emergency contact to be present at the time of your therapy. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Once I go through my initial review, there will be a form listing the suggestions of what services and protocols to follow that I will sign. I will make my changes and follow my new health plan OR I will tell YOLLO Wellness Center at THIS time I am not interested in these services. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



I understand that YOLLO Wellness Center does NOT take insurance and is self-pay at the time of the service and scheduling of appointments. INITIALS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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