Synergy Services Unlimited, Inc.

10 SE Central Parkway, Suite 325

Stuart, FL 34994

(772) 486-3799

**PRE-APPOINTMENT QUESTIONNAIRE**

**$50.00**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D.O.B.: \_\_\_\_\_\_\_\_\_\_\_**

**Height:** \_\_\_\_\_\_\_\_\_\_\_

**Weight: \_\_\_\_\_\_\_\_\_\_\_**

**\*Blood Type: \_\_\_\_\_\_\_\_\_\_\_**

**Exercise Frequency:**

* **Little or no exercise**
* **Exercise 1-3 x per week**
* **Exercise 4-5 x per week**
* **Daily exercise or intense exercise 3-4 x per week**
* **Very intense exercise daily or physical job**

**Current Health Issues/Concerns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FORM IS TO BE USED IF YOU ARE WAITING ON AN APPOINTMENT AND WOULD LIKE TO GET STARTED ON A REGIMEN

\*If blood type is not known you can purchase a kit at www.amazon.com/Blood-Type-Kit-Eldoncard-Micropipette for $8.00.