



LIFE·SPAN
HEALTH & WELLNESS CENTERS

Your Pathway to Optimal Health

- Product Recommendations
- Laboratory Test Recommendations
- Assessment Recommendations
 - Diet Recommendations
 - Exercise Recommendations
 - Referral Recommendations
 - Life-Span Counselor Notes
- Patient Notes

A Patient's Guide to Optimal Health – The Life-Span Way

Congratulations!

You have taken a giant step toward ultimate health!

This booklet is designed to be used by both you and your Life-Span Counselor as you remove the obstacles to your good health. Your Life-Span Counselor will write down recommendations and notes outlining both your initial recommendations and possible pathways for future approaches. You will use these pages to keep track of your progress, document your concerns, and write down any questions you may have.

Always feel free to contact your Life-Span Counselor between your scheduled consultations. Only by working together can you achieve ultimate health!

Life-Span Counselor

Initial Assessment

Client Name: _____

Blood Type: _____

Time: _____ Date: _____

Initial Assessment:

Initial Product Recommendations:

Initial Laboratory Test Recommendations:

continued on next page

Initial Assessment

(continued)

Client Name: _____

Additional Assessments:

- | | | | |
|------------------------------|--------------------------------|--------------------------------|--------------------------|
| Adrenal Stress | Candida | Health Assessment | Short Delayed, Hidden |
| Adult Behavior | Cardio/Diuretic Drugs (for | Questionnaire | Food Allergy |
| Allergic Sinusitis Detailed | Homeopathic | Hypoglycemia | Short Gluten Sensitivity |
| Questionnaire | Recommendations) | Hyperthyroidism | Short Insomnia |
| Antacids (for Homeopathic | Cardiovascular Health Risk | Leaky Gut Syndrome | Short Osteoporosis |
| Recommendations) | Children's Stress and Behavior | Lifestyle & Risk (Weight Loss) | Questionnaire for Men |
| Antibiotics (for Homeopathic | Chronic Fatigue Syndrome | Questionnaire | |
| Recommendations) | Depression – Are You | Liver Toxicity | Short Osteoporosis |
| Anticonvulsants (for | Depressed? | Magnesium Deficiency | Questionnaire for |
| Homeopathic | Depression – Clinical | Migraine | Women |
| Recommendations) | Depression – Clinical for | Mineral Testing | Short Snoring & Sleep |
| Antioxidants/Multivitamin | Adolescents | Osteoporosis | Apnea |
| Deficiency | Diabetes | Osteoporosis for Men | Stress |
| Antiretroviral Drugs (for | Dysbiosis | Osteoporosis for Women | Toxicity |
| Homeopathic | Exposure Risks | PMS | Toxicity Risk Assessment |
| Recommendations) | Fibromyalgia | Scoff Questionnaire | Wound Care |
| Arthritis | First Heart Attack Risk | Serotonin | |
| Benign Prostate Hypertrophy | Food Allergy | Short ADD/ADHD | |
| Calcium Dosages | Geriatric Depression | Questionnaire | |
| Questionnaire | Gluten Sensitivity | Short Asthma Questionnaire | |

Diet Changes:

- | | | |
|-------------------|--------------------|-------------------|
| Elimination Diet | Blood Type B Diet | Blood Type O Diet |
| Blood Type A Diet | Blood Type AB Diet | Other: _____ |

Exercise Recommendations:

Referrals:

- | | | | |
|----------------|-----------|--------------|-------------------|
| Medical Doctor | Counselor | Chiropractor | Massage Therapist |
| Other: _____ | | | |

Pharmacist Notes:



Follow-up Assessment: _____

Client Name: _____

Time: _____ Date: _____

Patient Notes: _____

Improvement/ Changes Noted: _____

Continue Current Product Regimen? Yes No See Changes

Additional Product Recommendations: _____

Discontinue these products: _____

Additional Laboratory Test Recommendations: _____

Additional Assessments: _____

Additional Diet Recommendations: _____

Additional Exercise Recommendations: _____

Additional Referrals:

Medical Doctor Counselor Chiropractor Massage Therapist

Other: _____

Counselor Notes: _____

Follow-up Assessment: _____

Client Name: _____

Time: _____ Date: _____

Patient Notes: _____

Improvement/ Changes Noted:

Continue Current Product Regimen?

Yes No See Changes

Additional Product Recommendations:

Discontinue these products:

Additional Laboratory Test Recommendations:

Additional Assessments:

Additional Diet Recommendations:

Additional Exercise Recommendations:

Additional Referrals:

Medical Doctor

Counselor

Chiropractor

Massage Therapist

Other: _____

Counselor Notes:



Follow-up Assessment: _____

Name: _____

Time: _____ Date: _____

Patient Notes: _____

Improvement/ Changes Noted: _____

Continue Current Product Regimen? Yes No See Changes

Additional Product Recommendations: _____

Discontinue these products: _____

Additional Laboratory Test Recommendations: _____

Additional Assessments: _____

Additional Diet Recommendations: _____

Additional Exercise Recommendations: _____

Additional Referrals:

Medical Doctor Counselor Chiropractor Massage Therapist

Other: _____

Counselor Notes: _____

Follow-up Assessment: _____

Client Name: _____

Time: _____ Date: _____

Patient Notes: _____

Improvement/ Changes Noted: _____

Continue Current Product Regimen? Yes No See Changes

Additional Product Recommendations: _____

Discontinue these products: _____

Additional Laboratory Test Recommendations: _____

Additional Assessments: _____

Additional Diet Recommendations: _____

Additional Exercise Recommendations: _____

Additional Referrals:

Medical Doctor Counselor Chiropractor Massage Therapist

Other: _____

Counselor Notes: _____



