

## **Jordan Wellness Experience Portfolio**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Marital Status: M S D W

Sex M or F Preferred Pronouns \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Hm Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell # \_\_\_\_\_ Email \_\_\_\_\_

Preferred Method of Communication (Circle One)      Call    Text    Email

Emergency Contact, Relationship, and Phone #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred By \_\_\_\_\_

### **PRIMARY HEALTH GOALS**

What brings you to Jordan Wellness Experience (Check all that apply)

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Auto Injury Recovery          | <input type="checkbox"/> Performance Optimization    | <input type="checkbox"/> Pain Relief |
| <input type="checkbox"/> Longevity & Preventative Care | <input type="checkbox"/> Body Sculpting/Fat Freezing | <input type="checkbox"/> Stress      |
| <input type="checkbox"/> Targeted Cryotherapy          | <input type="checkbox"/> Postural Correction         | <input type="checkbox"/> Weight Mgmt |
| <input type="checkbox"/> Sports Injury                 | <input type="checkbox"/> Nutritional Coaching        | <input type="checkbox"/> Other:      |

### **What are your top 3 Wellness Goals?**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_