

Core Care Center
Rolfing, Massage, Nutrition, Thermography, Alternative Health
 Marc Weill, Cindy Crawford, Todd Barrett and Staff
 1634 Union Street (@ Gough)
 San Francisco, CA 94123
 415/928.5423 **Fax To: 415/928.0452**
<http://www.CoreCareCenter.com>

Welcome!
Please fill out this form prior to your first appointment.

Name / Date:	
Street Address:	
City, State, Zip:	
Date of Birth:	
Phone Home:	
Phone Work:	
Phone Cell:	
Fax (Hm or Wk?):	
Email:	
Website:	
Referred by:	
Alternate Contact Person (name, number, relationship to you):	
Goals with Appointment:	
Health Concerns or Injuries that bring you in: (How long has the problem existed)	
Medications / Supplements:	
Prior Treatments / Diagnosis:	

Core Care Center
Rolfing, Massage, Nutrition, Thermography, Alternative Health
 Marc Weill, Cindy Crawford, Todd Barrett and Staff
 1634 Union Street (@ Gough)
 San Francisco, CA 94123
 415/928.5423 **Fax To: 415/928.0452**
<http://www.CoreCareCenter.com>

Health History: Birth to Age 5 Injuries, infections, medications, vaccinations	(example: born c-section, normal vaccinations, 3 ear infections, couldn't breast feed...)
Age 5 – 10 Injuries, infections, medications, vaccinations	(example: sprained right ankle, had constant constipation...traveled a lot with parents...)
Age 10 – 17 Injuries, infections, medications, vaccinations	(example: bad diet during high school, did some drugs, had dizzy spells, had more constipation...)
Age 17 – 25 Injuries, infections, medications, travel (to where), sports, education	
Age 25 – 30 Injuries, infections, medications, treatments, employment	
Age 30 – 40	
Age 40 – 50	
Age 50+	

Core Care Center
Rolfing, Massage, Nutrition, Thermography, Alternative Health
 Marc Weill, Cindy Crawford, Todd Barrett and Staff
 1634 Union Street (@ Gough)
 San Francisco, CA 94123
 415/928.5423 **Fax To: 415/928.0452**
<http://www.CoreCareCenter.com>

Digestion Questions	<p>Circle All That Apply: Crave: Sweets, salt, water, fats Appetite: Excessive, poor, none, normal I Get Heartburn: Before eating, right after eating, 30 min after eating Bowel Movements: 1x Day, 2x Day, 3x day, every other day, less often, hard stool, stool falls apart in toilet, diarrhea, stool floats, stool sinks, odor Stool Color: Brown, light brown, black, coated stool</p>
Teeth, Tongue Hair, Nails, Skin	<p>Circle All That Apply: Oral Health: # amalgams ____, gum disease, # teeth missing ____, dentures, dental surgery, bleeding gums Tongue: Furrowed, sore, cracked, smooth, red, coated Breath: offensive, slightly bad, very bad Taste: poor, no taste, metallic taste, sour taste Other: canker sores, fever blisters, lips dry, tonsils out when ____, enlarged tonsils Hair: fine, coarse, dull, falling out, thinning Nails: too soft, brittle break easily, ridges, spots on nails Skin: dry, oily, cracked Feet: fungus, dry, athletes foot, bunions</p>
Mental, Emotional, Nervous System, Endocrine System	<p>Circle All That Apply: Fatigue, exhaustion, weakness, poor memory, confusion Concentration difficult, flights of ideas, sleepy during day, depressions, loss of appetite, insomnia, nervousness, anxiety, panic attacks, fearful, rage, lightheaded, dizzy, fearful Feet cold, hands cold, perspire Bladder problems, prostate problems, urination problems, sperm count low, Libido: low, excessive, absent. Females: periods abnormal, menopause, PMS, pregnancies # ____, births # ____, children # ____, pregnant now, want to get pregnant</p>
Vaccines and any Reactions to Vaccines:	
Notes:	

Core Care Center
Rolfing, Massage, Nutrition, Thermography, Alternative Health

Marc Weill, Cindy Crawford, Todd Barrett and Staff
1634 Union Street (@ Gough)
San Francisco, CA 94123

415/928.5423 Fax To: 415/928.0452
<http://www.CoreCareCenter.com>

Client Evaluation Questionnaire

1. Please rate on a scale how serious you are about getting well (circle number).

1	2	3	4	5	6	7	8	9	10		
Not Serious										Very Serious	
2. Would you prefer (please circle):
A. Temporary Symptom Relief
B. Correction of Cause of Health Problems
3. Are you willing to follow a recommended program designed to help you return to health for at least three months (correcting the cause)?
A. Yes
B. No
4. Are you willing to take supplements?
A. Yes
B. No
5. Are you willing to make dietary changes?
A. Yes
B. No
6. Are you willing to start a moderate exercise program?
A. Yes
B. No
7. Please rate on a scale how serious you are about staying healthy after your initial intensive care.

1	2	3	4	5	6	7	8	9	10		
Not Serious										Very Serious	
8. Are you familiar with Applied Kinesiology?
A. Yes
B. No
C. Very little (somewhat)
9. Please rate your stress level on the scale:

1	2	3	4	5	6	7	8	9	10		
Not Serious										Very Serious	
10. Do you currently or have you ever lived in a damp or cold location where there may have been mold?
A. Yes
B. No
11. Do you currently or have you ever lived, used, or worked around chemicals or high power lines or high EMF environments, or have problems being around them?
A. Yes
B. No
12. Do you make watches and electronic devices stop working by being near them?
A. Yes
B. No
13. Are you easily bitten by insects (ie: a "mosquito magnet")?
A. Yes
B. No
14. Do have any surgical scars?
A. Yes (Please write location below)
B. No

Core Care Center
Rolfing, Massage, Nutrition, Thermography, Alternative Health

Marc Weill, Cindy Crawford, Todd Barrett and Staff
1634 Union Street (@ Gough)
San Francisco, CA 94123

415/928.5423 **Fax To: 415/928.0452**
<http://www.CoreCareCenter.com>

During our consultation, we will determine which services we can provide you that match your goals and will put together a custom protocol that best suits your needs.

The next step may include one or more of the following assessment options:

- Consultation with Marc Weill for structural or nutritional analysis
- Consultation with Todd Barrett for nutritional analysis or machine therapy
- Thermography for determining inflammation or circulation issues
- Vega Testing for biological assessment
- Kinesiology or muscle testing
- Fingertstick test for lipid profile with TC and glucose, ALT-AST or hs-CRP

Then, your therapy options may include one or more of the following:

- Rolfing / Massage
- Dietary and Supplementary Protocol
- Photonic Stimulator for inflammation, pain and nerve repolarization
- Light Beam Generator or ST-8 for lymph movement
- O² Therapy
- MRT for detoxification
- Vega Select for homeopathic and energetic rebalancing
- EB-305 for detoxification and pH balancing

Please advise us if you have any of the following:

- A history of epilepsy or diabetes
- A pacemaker or other form of medically necessary electrical implant
- A known thrombosis
- Thyroid hyperactivity
- Asthma
- If you are pregnant, or are taking blood-thinning medication

All information shall remain confidential.

If you need to cancel your appointment with us, we require that you do so by speaking to our front desk staff directly (not via voicemail) up to 24 hours before your scheduled time. If we do not receive 24 hours notice, you will be charged the full amount of the scheduled session.

Payment is due at time of appointment for all services and products.

Disclaimer

Please be advised that the purpose of what we do, including nutritional supplementation and the other forms of therapy we offer, is to help restore biological and physiological equilibrium, and not meant to constitute primary care. We are not licensed to practice medicine, and cannot diagnose or treat disease.

Date: _____ Signature: _____