How to fill out a PDF document

1. If the PDF document does not have fillable text fields, open the "Fill & Sign" toolbar by clicking on its icon:

🔒 LAF Form	(Rev-2019) Hard Copy.pdf - Adobe Acrobat Reader DC	- 🗆 X
<u>File Edit V</u>	w <u>S</u> ign <u>W</u> indow <u>H</u> elp	
Home	Tools LAF Forms (Rev-20 ×	🕐 🌲 Sign In
		ê 🖂 🎽
	n n n n n n n n n n n n n n n n n n n	Search 'Hide Text'
	LIFESTYLE ASSESSMENT FORM	Export PDF
	Name:	
	Date: Age: Gender: F/M Height: Weight:	Adobe Export PDF
		Convert PDF Files to Word
	Please circle your relationship status: Married/Single/Divorced/Common Law/Widowed	or Excel Online
	Please answer each of the following questions. If you require additional space,	Select PDF File
	use the back of the page.	LAF Formsd Copy.pdf 🛛 🗙
	What is your purpose in coming here today?	Convert to
•	What are your main health concerns/complaints? Please list in priority:	Microsoft Word (*.docx) 🗸
	Have you experienced any major physical/emotional trauma in the past five years?	Document Language: English (U.S.) Change
	What level of stress do you feel you are experiencing at this time? Please quantify on a scale of 1 (low) to 10 (high): 1 2 3 4 5 6 7 8 9 10	Convert
	What are the major causes or factors of your stress? Rate all that apply on a scale of 1 (low) to 10 (high): financialcareerpersonalmarriagehealth familyspiritualunfulfilled expectations other (please elaborate)	Convert, edit and e-sign PDF forms & agreements Free 7-Day Irial
	How does your stress manifest itself?	

2. The "Fill and Sign" toolbar will open. Click on the "Add Text" icon to be able to add text to the PDF document:

LAF Forms (Rev-2019) Hard Copy.pdf - Adobe Acrobat Reader DC Eile Edit View Sign Window Help	- 🗆 X
Home Tools LAF Forms (Rev-20 ×	🧿 🌲 Sign In
	2 🖂 🔒
Fill & Sign (IAb) X ✓ O — ● 🖉 Sign ●	Next Close
	Î 🖪
LIFESTYLE ASSESSMENT FORM	
Name:	Po
Date: Age: Gender: F/M Height: Weight:	P
Please circle your relationship status: Married/Single/Divorced/Common Law/Widowed	B
Please answer each of the following questions. If you require additional space, use the back of the page.	use only:
What is your purpose in coming here today?	IL.
What are your main health concerns/complaints? Please list in priority:	0
Have you experienced any major physical/emotional trauma in the past five years?	<i>L</i>
What level of stress do you feel you are experiencing at this time? Please quantify on a scale of 1 (low) to 10 (high): 1 2 3 4 5 6 7 8 9 10	<i>*</i>

LAF Forms (Rev-2019) Hard Copy.pdf - Adobe Acrobat Reader DC File Edit View Sign Window Help	- 🗆 X
Home Tools LAF Forms (Rev-20 ×	🕐 🌲 Sign In
B ☆ ↔ ■ ○ ① ① ① 1 / 6 ▶ ① ○ ⊕ 124% - □ 124% - □ □ 1 □ 1 124% - □ □ </td <td>2 🖂 🦾</td>	2 🖂 🦾
Fill & Sign IAb X 🗸 O — • 🖧 Sign 🗨	Next Close
	î 🖪
A A 🗑 🔤 … LIFESTYLE ASSESSMENT FORM	
Name: Type text here	20
Date: Age: Gender: F/M Height: Weight:	
Please circle your relationship status: Married/Single/Divorced/Common Law/Widow	ved
Please answer each of the following auestions. If you require additional space,	For Office use only:
use the back of the page.	(四)
What is your purpose in coming here today?	4
What are your main health concerns/complaints? Please list in priority:	0
Have you experienced any major physical/emotional trauma in the past five years?	- Cou
Name Type text here Date: Age: Gender: F/M_Height: Weight: Please circle your relationship status: Married/Single/Divorced/Common Law/Widowed Please answer each of the following questions. If you require additional space, use the back of the page. For Office use only: What is your purpose in coming here today?	C.
	, <i>t</i> o

3. Position the text in the desired location and start typing

How to sign a PDF document

- 1. Scroll down to the signature line in the PDF
- 2. Click on the "Sign Document" icon from the toolbar

	ns (Rev-2019) Hard <u>/</u> iew <u>S</u> ign <u>W</u> in	l Copy.pdf - Adobe Acrobat Reade dow <u>H</u> elp	r DC		- 🗆 X
Home	Tools	LAF Forms (Rev-20 ×			🕐 🌲 Sign In
	ጥ 🖶	Q 🔿 🕁 6	/ 6 📐 🖑 Θ	+ 102% - H	> 2 🖂 🎝
		Anger	Ashamed	Nervous	^
		Sadness	Annoyed	Exhausted	Search 'Hide Text'
		Hurt	Guilty	Irritated	
		Resentment	Frustrated	Isolated	Export PDF
		Fearful	Disappointed	Betrayed	LO EXPORT PDF
	Can you Commen	Adobe Export PDF Convert PDF Files to Word or Excel Online			
*	CLIENT STATEMENT: I understand and acknowledge that the services provided are at all times restricted to consultation on the subject of health matters intended for general well-being and are not meant for the purposes of medical diagnosis, treatment or prescribing of medicine for any disease, or any licensed or controlled act which may constitute the practice of medicine. This statement is being signed velocitarity.				LAF Formsd Copy.pdf X
	Date:		Signature:		Microsoft Word (*.docx) 💙
	Name: (p	lease print)			Document Language: English (U.S.) Change
	City:		Prov:	_Postal Code: (C)	Convert
		u for your cooperation.		l on this form will be kept strictly	Convert, edit and e-sign PDF forms & agreements
					Free 7-Day Trial

	Rev-2019) Hard Copy.p v Sign Window H	odf - Adobe Acrobat Reader DC			- 🗆 X
		orms (Rev-20 ×			🕐 🌲 Sign In
₿ ☆	ቀ 🖶 🔍	 (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7)	6 / 6 🖡 🖑		2 🖂 🎝
Fill & Sigr	n		[Ab X ✓ O —	🥢 💩 Sign 🕦	Next Close
	4	Anger	Ashamed		
		Sadness	Annoyed	Add Signature	<u></u>
		Hurt	Guilty		
		Resentment	Frustrated		
		Fearful	Disappointed	Add Initials 🕕	Pa
	Can you li	ist any positive chang	es in your life that has 1	esulted from this symptom or health concern?	
	Comment	s:			e 🖓
	CI IENT (50
•	an a	STATEMENT: ad and acknowledge that	t the services provided are	e at all times restricted to consultation on the subje	ect 🛛 🕾
	treatment o	or prescribing of medici		t meant for the purposes of medical diagnosis, licensed or controlled act which may constitute th arily.	ne 🖉
					0
	Name: (pl	ease print)			- Cou
	Address:				B
				Postal Code:	Ko
	Phone: (H	[)	(W)	(C)	v .

3. The "Fill & Sign" toolbar will open. Click on "Sign" > "Add Signature"

 \times

4. Click on "Draw" and draw your signature with your mouse

5. Position your signature in the document, adjusting the size if needed

		pdf - Adobe Acrobat Reader DC					D X
	View Sign Window				,		Ci 1
Home	Tools LAF	Forms (Rev-20 ×				9 📮	Sign In
	ን ጥ 🖶 🖸	() ()) <u>6</u> /6 🕨 🕘 Θ	⊕ 124% ▾ 🛱 ▾ 🖤		C.	
Fill & S	Sign	I	Ab X 🗸 🔿 🗕 🔹	🖧 Sign 🕒		Next	Close
		Anger	Ashamed	Nervous			î Pa
		Sadness	Annoyed	Exhausted			LO
		Hurt	Guilty	Irritated			
		Resentment					
		Fearful	Disappointed	Betrayed			26
	Can you l	ist any pos <mark>itive cha</mark> nge	es in your <mark>life that has resu</mark>	lted from this symptom o	r health concern?		P
Fill & Sign IAb X V O Image: Sign Next Anger Ashamed Nervous Sadness Annoyed Exhausted Hurt Guilty Irritated Resentment Frustrated Isolated Fearful Disappointed Betrayed Extransfer Comments:			E.				
							E
P.	I understa	nd and acknowledge that					还
	treatment	or prescribing of medicin	ne for any disease, or any lice	ensed or controlled act whic	h may constitute the		1
	- 5100 0 - 1990 W 10000				-		Ũ
	Name: (p	lease print)		l V			_
	Address:						E.
	City:		Prov:	Postal Code:			Po
	Phone: (H	I)	(W)	(C)			~ ~

6. Save the document on your computer.