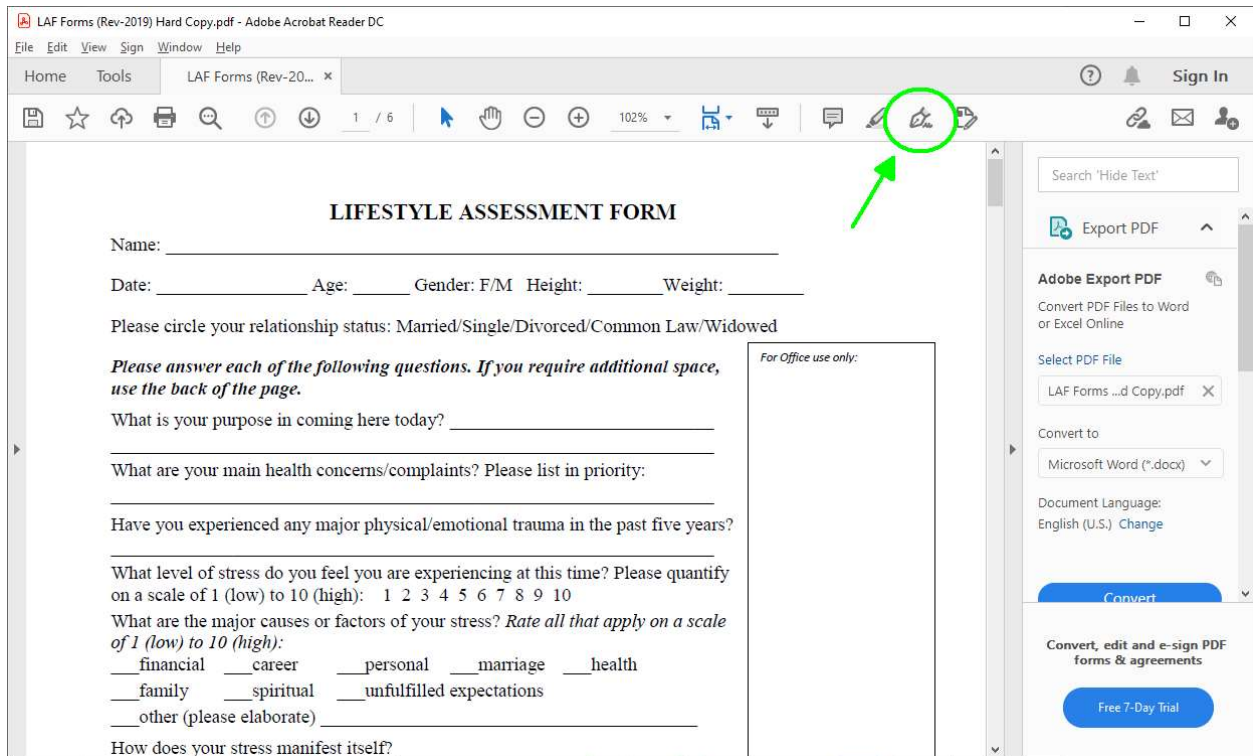
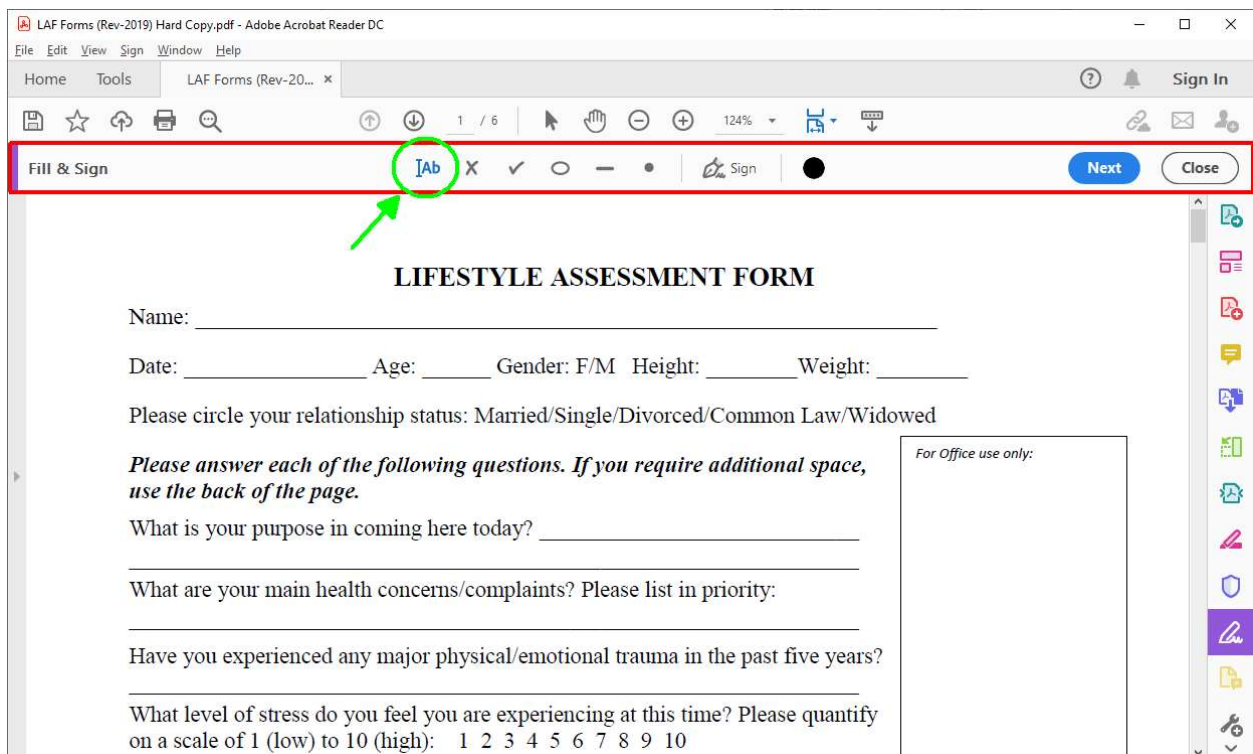


## How to fill out a PDF document

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



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



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

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**LIFESTYLE ASSESSMENT FORM**

Name:

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.*

What is your purpose in coming here today? \_\_\_\_\_

What are your main health concerns/complaints? Please list in priority: \_\_\_\_\_

Have you experienced any major physical/emotional trauma in the past five years? \_\_\_\_\_

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

For Office use only:

### 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

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Anger	Ashamed	Nervous
Sadness	Annoyed	Exhausted
Hurt	Guilty	Irritated
Resentment	Frustrated	Isolated
Fearful	Disappointed	Betrayed

Can you list any positive changes in your life that has resulted from this symptom or health concern?  
\_\_\_\_\_

Comments: \_\_\_\_\_

**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 voluntarily.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

*Thank you for your cooperation. All information contained on this form will be kept strictly confidential.*

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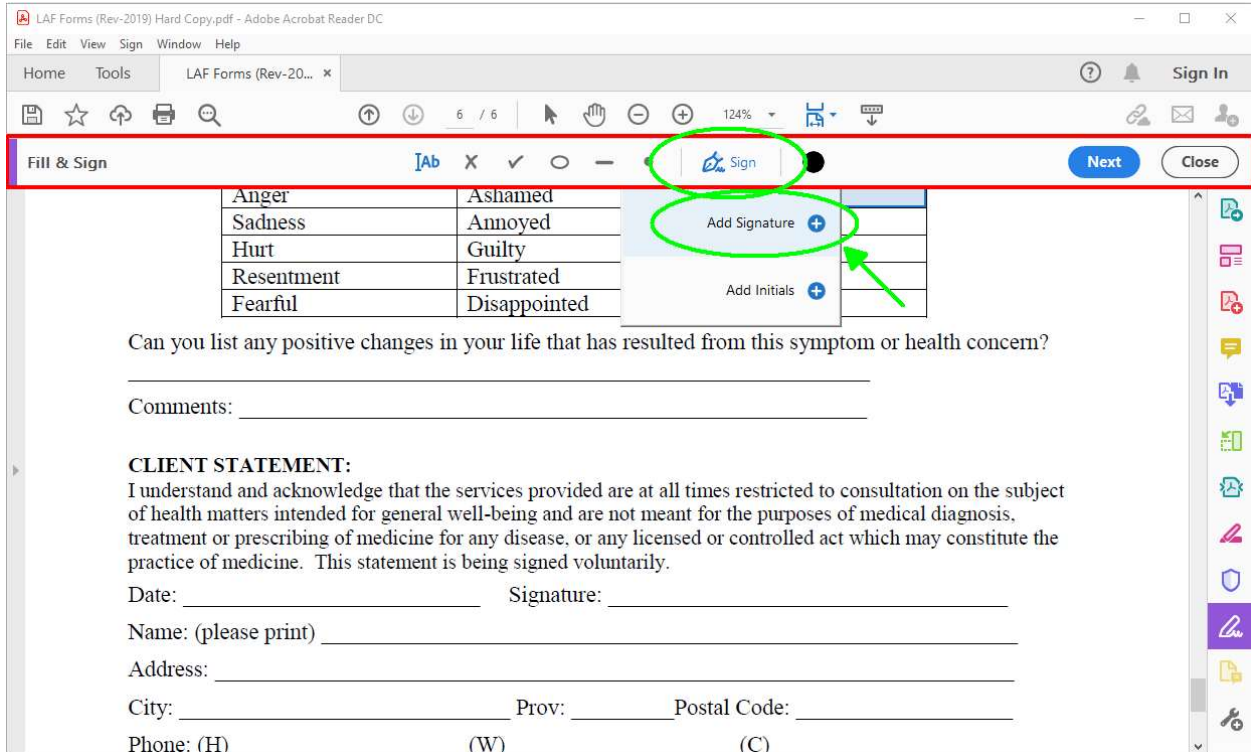
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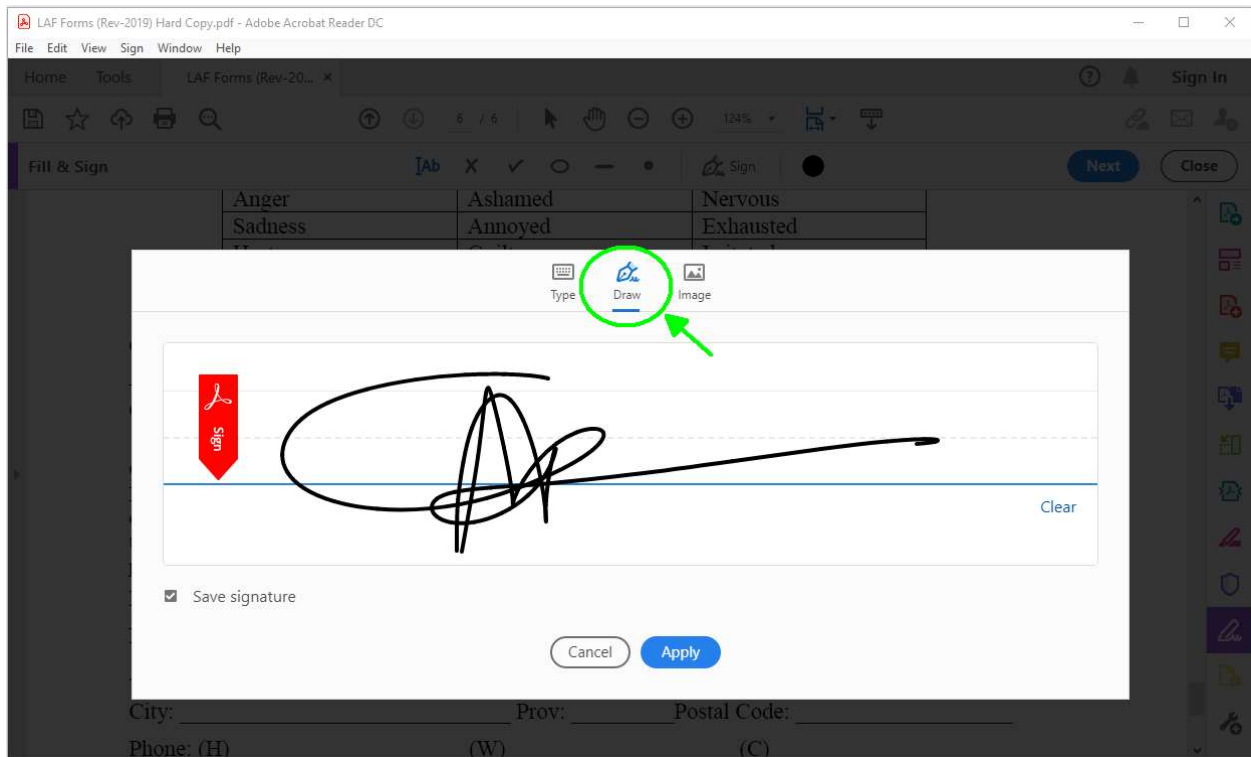
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3. The “Fill & Sign” toolbar will open. Click on “Sign” > “Add Signature”



4. Click on “Draw” and draw your signature with your mouse



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

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Sign In

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Fill & Sign

Anger	Ashamed	Nervous
Sadness	Annoyed	Exhausted
Hurt	Guilty	Irritated
Resentment	Frustrated	Isolated
Fearful	Disappointed	Betrayed

Can you list any positive changes in your life that has resulted from this symptom or health concern?  
 \_\_\_\_\_

Comments: \_\_\_\_\_

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: (please print) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

6. Save the document on your computer.