



NAME _____ DATE _____

ADDRESS _____

PHONE _____ EMAIL _____

DATE OF BIRTH _____ DRIVER'S LIC # _____

CURRENT MEDICAL INFORMATION: *Please check any of the below conditions **relevant to you**.*

- | | | | |
|---|---|--|--|
| ☐ Cancer | ☐ Cardiovascular | ☐ Insulin Dependent | ☐ Surgically Implanted Electro-Stimulation Device |
| ☐ Pregnant / Nursing | ☐ Vascular | ☐ Skin Issues | ☐ Medical Metal Support Components in the |
| ☐ Endocrine System | ☐ Epilepsy | ☐ Tattoos With Metallic Ink | Treatment Area |

YOUR HEIGHT _____ CURRENT MEDICATION LIST _____

GOALS & CONCERNS _____

OTHER AREAS OF MY LIFE I'D LIKE TO IMPROVE *(Choose up to 3)*

- | | | |
|--|--|---|
| ☐ Fat Loss | ☐ Hormone Balance | ☐ Longevity & Aging Well |
| ☐ Skin Tightening/scar reduction | ☐ Better Libido/Intimacy | ☐ Better Gut Health |
| ☐ Increased Energy & Vitality | ☐ Better Sleep & Recovery | ☐ Less Inflammation |
| ☐ Muscle Gain | ☐ More Mental Clarity & Focus | ☐ Other: _____ |
| ☐ Increased Confidence & Body Image | ☐ Less Anxiety / Stress | _____ |

Aspire Trim Clinic provides wellness education, nutritional coaching, body composition analysis, and non-invasive wellness services. We do not diagnose medical conditions, prescribe medications, or provide medical treatment. Clients interested in prescription wellness therapies may be evaluated by our partnering licensed telehealth physician's group, Samaritan MD provider network via Impact Health. Any medical decisions, prescriptions, or treatment plans are made solely by the licensed medical provider. Our educational coaching services are intended to complement, not replace, your relationship with your primary care physician or other healthcare providers.