

BIO-FEEDBACK ENTRY FORM

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

PHONE NUMBER _____

EMAIL _____

DATE OF BIRTH _____ GENDER MALE FEMALE

LSA is able to scan for a multitude of issues. Please rate your concerns from one to ten using the following list. We will address as many as we can in this twenty-minute session.

_____ WEIGHT LOSS _____ BIO-IDENTICAL HORMONES

_____ ALLERGIES _____ WELLNESS

_____ VITAMIN PROTOCOL _____ OB/GYN ISSUES

_____ ORGAN FUNCTION _____ ARTHRITIS

_____ FIBROMYALGIA _____ CHRONIC FATIGUE

_____ AUTOIMMUNE DISORDERS

_____ OTHER (Please specify) _____

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Featuring Healing Waters Nutraceuticals