



BODY & MIND WELLNESS CENTER

Healthy, Beautiful and Happy!

Phone: 941-444-0441 E-mail: bmwellnesscenter@gmail.com

1515 Second Street , Sarasota , FL 34236

www.bmwellnesscenter.com

Medical History

Are you pregnant or breastfeeding? Yes / No

Date of last chemistry screen or other lab testing: _____

Have you ever been told that you have an electrolyte imbalance or other abnormal labs?

(Please check all that apply)

Hypermagnesemia (high magnesium levels)

Hypokalemia (low potassium levels)

Hemochromatosis (high iron levels)

Hypercalcemia (high calcium levels)

Other: _____

Are you diabetic? Yes / No

Do you smoke? Yes / No If yes, how much do you smoke? _____

How many alcoholic drinks do you consume in a week? _____

Do you use any recreational drugs? Yes / No

If yes, which ones and how often? _____

Do you take Digoxin (Lanoxin) for heart problems? Yes / No

Do you take any diuretics or water pills? Yes / No If yes, please list: _____

Do you take any steroids e.g., Prednisone? Yes / No If yes, please list: _____

Do you have any medication or food allergies? Yes / No If yes, please list: _____

Do you have any of the following conditions? (Please check all that apply)

Blood pressure problems (high or low)

Optic nerve atrophy or Leber's Disease

Heart Problems

Sickle cell Anemia

Stroke or "mini-stroke"

G6PD Deficiency

Kidney problems

Sarcoidosis

Kidney stones

Parathyroid problems (high levels)

Asthma

Please list any other medical conditions you have (not mentioned above):

Please list all surgical procedures you've had with approximate dates:

Is there anything else you would like the nurse and physician to know?





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Current Medications, Over-the-Counter Drugs, and Supplements

Please list everything that you are currently taking:

Name – Strength – Frequency – Condition being treated

