



Welcome to Rise

A Centre for Optimal Living!

Lifelong health and vitality is our birthright. Few of us know how we lose it and how to get it back. At Rise, we have an innovative 5 Pillar Approach dedicated to helping you and your entire family express Optimal Health.

Physical, chemical, emotional and mental experiences can accumulate on a daily basis, interfering and challenging your expression of life. This results in aches, pains, and disease that express physically, mentally, and emotionally.

This journey will begin with Pillar 1, restoring Optimal Nerve Flow between your brain and body. By gently removing the interference to your potential with tonal adjustments, your body will begin to heal and reorganize from the inside-out and realize a greater expression of life.

Knowledge about YOU will help in understanding who you are, why you are coming to Rise, what you are expecting, and how we may best assist you towards Optimal Living.

Please take a couple of minutes to document your Vital Information. After you have filled the forms out completely, print and bring them to your appointment or email them to [info@riseoptimalliving.com](mailto:info@riseoptimalliving.com). If you have any questions, please do not hesitate to ask.

Rise is pleased to serve your family. We are committed to empowering all of you to express your full potential so you may experience the highest expression of health, wellbeing & Optimal Living.

Vital Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Single \_\_\_Widowed \_\_\_Divorced

Do you have children? Y / N Number of children \_\_\_\_\_

Names and DOB of Children:

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Who can we thank for referring you to Rise?

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Is there anything about your Nerve System and Spine we should know about?

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What is your level of commitment to yourself, your life and journey to Optimal Living?

High \_\_\_\_\_ Medium \_\_\_\_\_ Low \_\_\_\_\_

At our Centre for Optimal Living we transform peoples lives with the 5 Pillars of Optimal Health.

1. Optimal Nerve Flow
2. Optimal Nutrients & Minerals
3. Optimal Mindset
4. Optimal Biomechanics & Movement
5. Optimal Stress & Toxin Reduction

We begin this journey with Optimal Nerve Flow. What else would you like to receive from care in this office (Pillars 2-5)?

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What brings you to Rise today?

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### Lifestyle History

Everything we have done in the past contributes to who we are today (constructive & destructive). Our goal is to help your body release stored/ deep tensions and the more we know about you, the more we can help you with your healing process.

What goals are you looking to achieve by becoming a client at this Centre for Optimal Living?

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### History of Physical Stress, Trauma or Challenges:

The trauma and stress of life is present in all humans (acknowledged or not). Have you had a challenging birth (or delivery), car accident(s), sports injuries, falls, repetitive injuries, etc...?

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### History of Chemical Stress, Trauma, or Challenges:

Chemicals invade our body every second. Our body's ability to deal with or dispose chemicals is directly related to our expression of Life Force. Are you challenged with asthma, allergies, chemical addictions, toxicity, medication use, previous overdose or poisoning, environmental toxins etc...?

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### History of Emotional Stress, Trauma, or Challenges:

Our expression of health, healing and life is greatly influenced by our emotional well-being. Have you been through a difficult divorce/break-up, stressful job, school, family life, or any other major change/challenge etc...?

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Quality of Nutrition (Breakfast, Lunch, and Dinner):

Do you eat junk food, skip meals, diet, etc...? Are you a vegetarian, vegan, raw, macro, meat eater? Do you feel you are lacking something? What are your nutritional goals?

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Fluid Intake:

What do you drink (alcohol, coffee, tea, cow's milk, diet soda, etc...) and how often?

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Exercise:

What type of exercise? How often?

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What type of work do you do or how do you spend your days?

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Is it a high or low stress environment and/or experience?

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Level of satisfaction with career:

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Do you have a positive or negative mindset when it comes to life?

Explain...

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Outside-In Medicine (over the counter drugs, prescription, recreational, herbal & nutritional supplements):

Your body is always working towards homeostasis (balance). Drugs may destroy balance by either depressing innate intelligence (your body's intelligence) or tricking it into excitement. Either way, it is not natural and directly affects how our body heals. (Side note- there is no such thing as a "side effect"- there is only cause and effect. List ALL Outside-In Drugs, current and past.

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Any other information about you that you feel may be relevant?

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In order to serve you better and set you up for greater success, are we able to send you emails with tips, recipes & info focusing on each Pillar of Health?

Please Circle One:    Yes    No

Thank you for your time and energy.  
We look forward to serving you.

# Health Insurance Portability and Accountability Act (HIPAA)

## Our Pledge Regarding Health Information

The privacy of your health information is important to us. We understand that your health information is personal and we are committed to protecting it. We create a record of the care and services you receive at our office. We need this record to provide you with quality care and to comply with certain legal requirements. In addition, we have a policy in effect that makes every attempt to maintain the confidentiality of all clients' information.

## Disclosure of Health Information

In addition to disclosing your health information for adjustments, payment and health care operations, we may disclose health information for the following purposes: for a court order, subpoena, discovery request or other lawful process. We may disclose health information to appropriate authorities if we reasonably believe that you are a victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose health information when authorized and necessary to comply with laws relating to worker's compensation, auto accidents, personal injury or other similar issues.

If someone calls or comes by, they will not be given any information about your care and/or appointments unless otherwise specified and noted in your file.

Upon becoming a client, we will be entering your name and email into our database and you may receive our monthly newsletter. If you do not wish to receive our newsletters, please contact our office and advise us of such. This will not be sold to any outside agencies.

## Your Rights

You have the right to look at or get copies of your medical records and to receive a list of all the times we shared your health information for purposes other than adjustments, payment, and health care operations.

## Open Adjusting Concept

Because of the open adjusting concept in this office, it is possible for doctor/client discussions be overheard by other clients. Most discussions will involve chiropractic related topics, but may also include anything concerning the primary health care of the client.

## Notification by Phone, Mail, or Email

Clients may be contacted by mail, email, or phone unless written notification is requested that contact only be in person.

## Complaints

If you feel that your rights have been violated, please contact Rise directly or The U.S. Department of Health and Human Services.

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

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

## Agreement of Consent

Rise A Centre for Optimal Living exists to make a positive contribution in the lives of people, by assisting them to express and experience more life in their God-given lives.

The Human Nervous System is used for the transfer of vital information essential for all human body functions from emotions to creativity to performance and beyond. This "Innernet" is our link between the inner and outer world. By far, this is the most efficient, specialized, sophisticated, complex and delicate biological information highway known to humanity.

The "Innernet" consists of the brain, the spinal cord, the nerves and the dazzling array of neurotransmitters. The extensiveness of the Nerve System is such that it is impossible to determine where the brain ends and where the body begins.

A free flow in communication enhances one's ability to express, develop and experience Life fully. Wellbeing, increased performance and greater personal expression are the natural byproducts.

The hands on tonal adjustments frees up the nervous system allowing every individual, whether a newborn, an athlete, parent or even a grandparent, to enjoy more life. This deepens everyone's potential to heal from the inside-out like God has intended.

Due to greater nervous system communication, all areas of a person's life improves. In some, physical, emotional or mental challenges may clear up quickly, while in others, the process is slower. Everyone will benefit, on some level, from greater life expression.

Tonal adjustments are not a substitute, an alternative or a preventative form of medicine. This Centre for Optimal Living specializes in a greater expression of life, wellness, healing and wellbeing. Conversely, Medicine specializes in the diagnosis and treatment of symptoms, sickness and disease. Our focus is on helping you Live Optimally.

When you get out of bed, you take a risk (actually there are risks with sleeping in a bed), so it is natural that there are risks associated with Adjustments just as there are risks with Yoga, Physiotherapy and Massage. Rise strives to minimize risks and acknowledges there is a greater chance of injury or death from flying in an airplane or eating a Big Mac.

Our primary goal is to release life in the body so you may Live Optimally.

I, \_\_\_\_\_ the undersigned, have completely read and understood the above statement and choose to be served at Rise A Centre for Optimal Living with this understanding for our family and ourselves.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witnessed \_\_\_\_\_ Date \_\_\_\_\_