



A Pattern Health Retreat

Lifestyle Program Application/Registration Form

Personal Information

First Name: _____	Middle: _____	Last Name: _____
Nickname: _____	DOB: ___/___/___	Age: _____ Gender: M <input type="checkbox"/> F <input type="checkbox"/>
Phone: (____) _____ - _____	Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	Street Address: _____
Phone: (____) _____ - _____	Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>	City: _____ State: _____
Email: _____	Zip: _____	Country: _____
Occupation (current or pre-retirement): _____	Religious affiliation: _____	
Marital status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Spouse Name: _____		

Session Details

I am a: Full Medical guest Educational guest Companion guest

How did you hear about A Pattern's lifestyle program?

Website Alumni Friend Family Medical Professional Other: _____

I will be traveling by: Car Plane Bus Train Pick-up to the Health Center needed? Yes No

If so, please provide: Flight/train/bus number arrival # _____ departure # _____

Arrival location _____ Arrival time _____ Date ___/___/___

Departure time _____ Date ___/___/___

If driving, please provide estimated time/date of arrival: _____ departure: _____

Emergency Contact

Name: _____	Relation to me: _____
Phone: (____) _____ - _____	Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>
Phone: (____) _____ - _____	Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/>

Session Goals (eg., what is your main reason for coming?)

Health Information

Present Health: Excellent Good Average Poor Very Poor Height: _____ Weight: _____

Alcohol consumption: No Yes How often? _____

Tobacco use: No Yes What type? _____ How much per day? _____

Check all that apply:

- Asthma Arthritis Hypertension Fibromyalgia Vision Impairment High Cholesterol
 Lupus Diabetes 2 Neuropathy Hearing Loss Kidney Disease Stress/Anxiety
 Edema Diabetes 1 Heart Disease Osteoporosis Excess Weight Depression
Cancer Stroke/TIA Emphysema/Lung Disease Inflammatory Bowel Disease Other

Please list all health challenges not listed above: _____

If you checked **Cancer**, please list the type with which you were diagnosed: _____

Remission: Yes No

List any medications you are currently taking: _____

List any allergies (Food/Medication/Environmental): _____

Are you currently receiving care from a caregiver? Yes No If yes, how often? _____

Have you been admitted to the hospital within the last 6 months? Yes No If yes, why? _____

Activity Capability Information and Disclaimer

Please list any mobility/sight limitations: _____

I can walk: Indoors only Outdoors on level ground Hills

Less than ¼ mile ¼ - 1 mile 1 mile or more

I am sufficiently ambulatory and able to attend to my personal hygiene and medications. If I am not able to care for my hygiene and medications, I understand that I am responsible to bring a companion who is able to assist me. I understand that if I do not bring such a companion, regretfully A Pattern Health Retreat will not be able to accept me as a lifestyle guest.

X _____ Date: ____/____/____

Signature of Lifestyle Guest Applicant

Covid Screening

Please contact us at (573) 245-6226 or (573) 210-2455 for Covid-related requirements.

Liability and Financial Disclaimer

I have read this entire application and/or had it thoroughly explained to me .

I agree that all of the information I have provided on this form is true to the best of my knowledge.

I further understand that A Pattern Health Retreat does not guarantee a cure for any health condition or disease.

I agree to pay the full financial cost of the lifestyle program session.

X _____ Date: ____/____/____

Signature of Lifestyle Guest Applicant

Thank you for your application/registration!

Please submit this form as soon as possible!

A Pattern Health Retreat, 250 Richter Road, Bourbon, MO 65441

(573) 245-6226

apattern.life@gmail.com

www:apattern.life