

A Renaissance Health Center for Natural Medicine  
 130 NW Miller Ave., Gresham, OR 97030 503.665.2344

Height	_____
Weight	_____
BioImpedence	_____
For office use only	

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Second Telephone \_\_\_\_\_ Email \_\_\_\_\_

Are you interested in **Losing weight** \_\_\_\_\_ **Gaining Weight** \_\_\_\_\_ **Wellness** \_\_\_\_\_

( **If Losing** ) How much weight do you want to lose \_\_\_\_\_ Goal Scale Weight \_\_\_\_\_

Birth date \_\_\_\_\_ Height \_\_\_\_\_ Current Weight \_\_\_\_\_

**What have you tried before** ( List other programs)

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**Why did other programs not work for you** \_\_\_\_\_

**Are you serious about losing weight now** Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

**Do you eat three meals a day** Yes \_\_\_\_\_ No \_\_\_\_\_ List examples of what you normally eat for:

Breakfast \_\_\_\_\_

Lunch \_\_\_\_\_

Dinner \_\_\_\_\_

Snacks \_\_\_\_\_

**Do you eat between meals** Yes \_\_\_\_\_ No \_\_\_\_\_ List examples of snacks.

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**What time of day do you usually snack** Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

**Are you currently taking any prescription drugs** Yes \_\_\_\_\_ No \_\_\_\_\_ If yes , for what condition

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**DO YOU HAVE ANY OF THESE HEALTH PROBLEMS? CHECK EACH APPLICABLE**

Asthma	Constipation	High Blood Pressure	Fibromyalgia or Lupus	Depression	Stress
Allergies	Colitis	Cholesterol Triglycerides	Menopause	Back Pain	Sexual Intimacy
Anxiety	Digestive Disorder	Circulation problems	PMS	Skin Trouble acne	Headaches
Anemia	Joint Pain	Fatigue	Smoking	Trouble Sleeping	Migraines
Alcohol	Hypoglycemic	Heart Burn Ulcers	Thyroid condition	Chronic Infections	Water Retention
Bloating/Gas	Diabetes	Osteoporosis	Lactose Intolerance	Food Allergy	Other



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**PRE-ENROLLMENT FORM**

**How much water do you drink each day?** \_\_\_\_\_ (# 8 ounce glasses)

**How much caffeine do you drink each day?** None\_\_\_\_ 1-2 servings\_\_\_\_ 3 or more\_\_\_\_  
 This includes coffee, tea, soda.

**Are you currently taking vitamins or supplements** Yes\_\_\_\_ No\_\_\_\_ If yes, which ones do you take \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**How much money do you spend each day on food.** Include meals at home, restaurants, fast food, snacks, coffees, sodas \$(Self)\_\_\_\_\_ \$(Family)\_\_\_\_\_

**EXERCISE REVIEW**

**Are you currently exercising regularly?** No\_\_\_\_ Yes\_\_\_\_

How long have you been exercising regularly? \_\_\_\_\_

**Do you currently do aerobic exercise?**

No Yes If yes, what type(s)? \_\_\_\_\_

What intensity? Light Moderate Vigorous

Times per week\_\_\_\_\_ Minutes per workout \_\_\_\_\_ (Average)

**Do you currently do strength resistance exercise?**

No Yes If yes, what type(s)? \_\_\_\_\_

What intensity? Light Moderate Vigorous

Times per week \_\_\_\_\_ Minute per workout \_\_\_\_\_ (Average)

**How would you describe your level of daily of activities?**

Light Moderate Heavy  
 (office work) (standing, walking) (construction)

**A Renaissance Health Center for Natural Medicine  
Wellness Metabolic Analysis**

**Release of Liability:**

I understand the A Renaissance Health Center program provides analysis of body composition, using the BioAnalitics ELGIII Electrolipograph. This is an FDA approved Class II medical device.. The only health restriction for use of ELG analysis is a person with a pacemaker as the impedance test is generated by a 9V battery charge. The software analysis will determine my personal body composition. Based on the exercise module, the program will provide recommended caloric intake to achieve weight goals based on lean body mass/fat ratio.

I understand my Physician may recommend nutrition supplements to me in conjunction with a healthy eating plan. The program at A Renaissance Health Center is available through physician monitored programs. The use of high quality meal replacements is clinically proven as the most effective method for long-term fat loss with studies extending over ten years. I understand that these products are based on sound nutrition principles and are an optional component of evaluation.

There are no direct medical claims attached to the use of nutritional supplements. The weight results of clients will vary based on their consistent actions of both diet and exercise. The fee for analysis is non-refundable.

Client \_\_\_\_\_  
Signature

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

Physician \_\_\_\_\_  
Signature

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

# **A Renaissance Health Center for Natural Medicine**

**Dr. Ana Squellati, Naturopathic Physician**  
**130 N.W Miller Ave., Gresham, OR 97030**  
**www.arenaisancehealth.com**

**Name** \_\_\_\_\_ **Appointment Date** \_\_\_\_\_

**Appointment Time** \_\_\_\_\_

## **Body Composition, Nutrition and Health Risk Assessment**

### **Please complete attached questionnaire in full prior to appointment.**

Do not fill in Bioimpedance number as this will be completed during test. While analysis may be done at any time of day, it is recommended that we test prior to your work-out program. It is also recommended that you do not eat or drink for 2 hours prior to test. For most accurate results, it is recommended to schedule subsequent analysis for a.m./p.m testing the same as initial consultation time.

In the event that you cannot meet this requirement, it is not a problem, but let the Programmer know so we may accurately note for retest results. The SEE factor( scientific evidence of error) for this analysis is .05% accurate, so dietary changes prior to test may impact fluid levels on retest. This will not impact results of lean body mass/fat ratio, but simply fluid levels of LBM.

The test is safe and accurate, based on FDA approved Class II medical device rating. **The only health restriction is for a person with a pacemaker.** We require that any minor has parental signature approving test. The procedure will be done fully clothed, standing or lying down. The test pads will be placed on both hand and foot for reading. The test itself only takes a few minutes, however, please allow 30 minutes for health result review.

We recommend retest procedure at 30 (thirty) day intervals to track results. The analysis factors in personal body composition, exercise and dietary recommendations to achieve health goals. If health review is followed, a person can expect to see reduced body fat and increased lean muscle percents in consecutive tests.

It is necessary to set up appointment times with our office for testing. In the event that you need to cancel or reschedule appointment, please notify our office 24 hours prior to appointment. Cancellation without notice will result in additional fee of \$50.00 for any new appointment reset.

**OFFICE TELEPHONE (503) 665-2344**