MAIN STREET
COACHES

WELLNESS INTAKE FORM

1. Are you having any vision troubles, in one or both eyes? YES NO
2. Are you having any numbness in the limbs, one sided? YES NO
3. Are you feeling fatigued? YES NO
4. Are you having trouble walking? YES NO
5. Have you noticed any of the following (circle any options that apply): fainting, general weakness, shortness of breath, confusion, sudden behavioral change, irritation, hallucination, nausea or vomiting, pain, seizures, hiccups, or NONE OF THE ABOVE

Patient Signature: _____ Date: _____.

Patient Name: _____
(Please Print)

Witness Signature: _____ Witness Name: _____
(Please Print)