

**HEALTH INFORMATION**

DR. DIA LYNN, RsD.  
7201 Elk Lane, Basalt, CO. 81621  
(831) 601.3338 (cp) Email: dia@dialynn.com  
www.spiritofwholeness.com/services/

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT \_\_\_\_\_ SEX (M) (F) \_\_\_\_\_

MARITAL STATUS (M) (S) (D) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CONDITION(S) NEEDING TREATMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respiratory ( ) Digestive ( ) Musculo-Skeletal ( ) Neurological ( ) Emotional ( ) Acute ( ) Chronic ( )

ARE YOU BEING TREATED ELSEWHERE? \_\_\_\_\_

RECENT INJURIES? (List location & date) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

RECENT SURGERIES? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

OTHER BODYWORK RECEIVED?

\_\_\_\_\_  
\_\_\_\_\_

PRIMARY PHYSICIAN \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION DRUGS (for what) \_\_\_\_\_

OTHER DOCTORS \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER THERAPISTS \_\_\_\_\_ PHONE \_\_\_\_\_

WHO REFERRED YOU HERE? \_\_\_\_\_

This is confidential information, protected by HIPPA law. It can only be shared with your physician or psychotherapist with your permission. Sign: \_\_\_\_\_ date \_\_\_\_\_

Payment is expected at the time of service. This office does not bill. Credit cards, cash or checks accepted. A super bill can be supplied upon request for insurance reimbursement.