
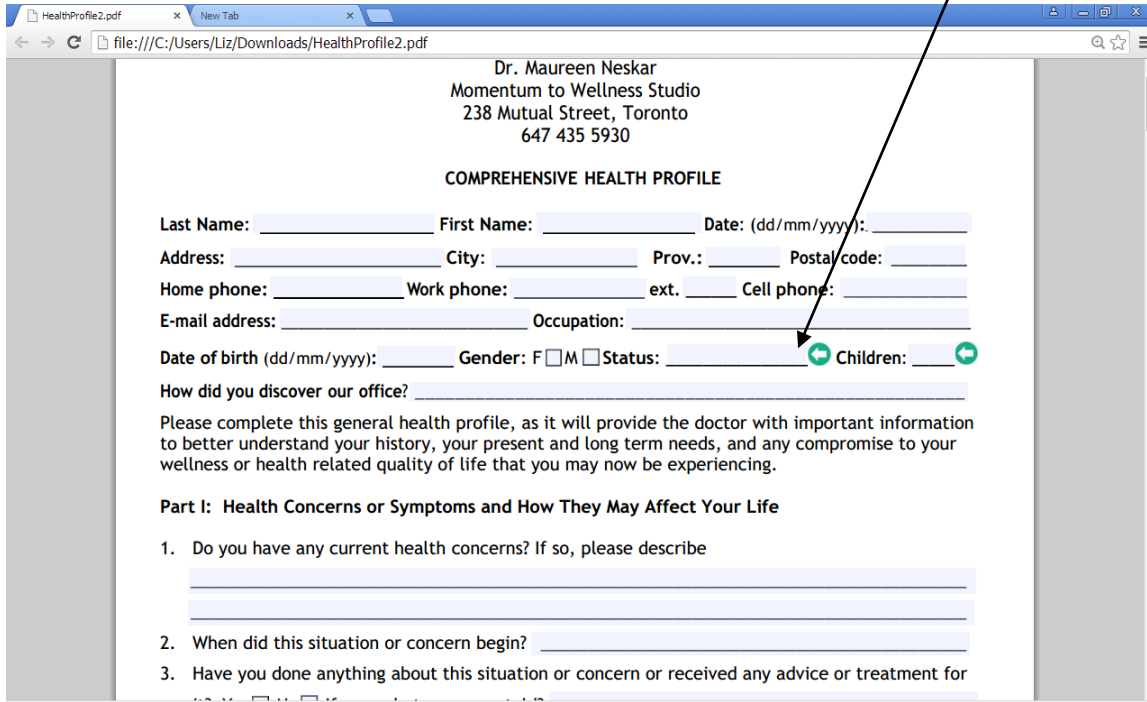


To fill our form online, then return attached to email, please follow these instructions:

- 1) Click the link to open the form. Please note there is **LIMITED SPACE** on each line for your answers. If there are 2 lines the words will wrap but stop at the end.
- 2) Fill the form completely. Please click to the left of these arrows  for drop down menus.



Dr. Maureen Nesar  
Momentum to Wellness Studio  
238 Mutual Street, Toronto  
647 435 5930

**COMPREHENSIVE HEALTH PROFILE**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: (dd/mm/yyyy): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ ext. \_\_\_\_\_ Cell phone: \_\_\_\_\_  
E-mail address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender: F  M  Status: \_\_\_\_\_ Children: \_\_\_\_\_  
How did you discover our office? \_\_\_\_\_

Please complete this general health profile, as it will provide the doctor with important information to better understand your history, your present and long term needs, and any compromise to your wellness or health related quality of life that you may now be experiencing.

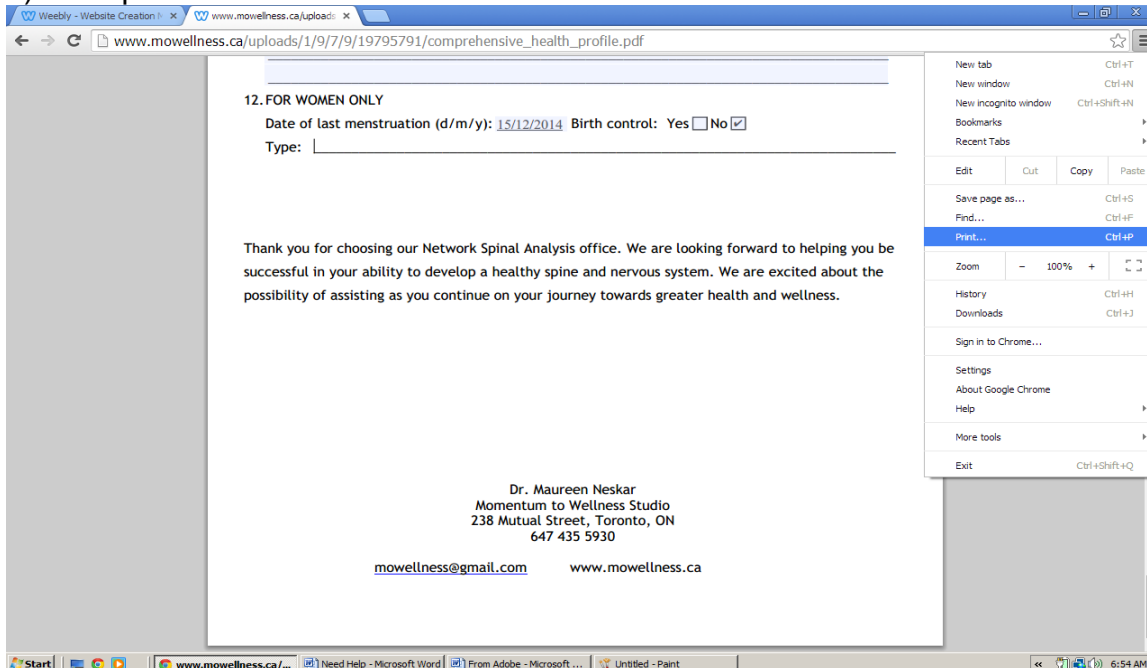
**Part I: Health Concerns or Symptoms and How They May Affect Your Life**

1. Do you have any current health concerns? If so, please describe  
\_\_\_\_\_  
\_\_\_\_\_
2. When did this situation or concern begin? \_\_\_\_\_
3. Have you done anything about this situation or concern or received any advice or treatment for  
\_\_\_\_\_

- 3) When finished click on the 3 bars at top right hand corner.



- 4) Click print.



www.mowellness.ca/uploads/1/9/7/9/19795791/comprehensive\_health\_profile.pdf

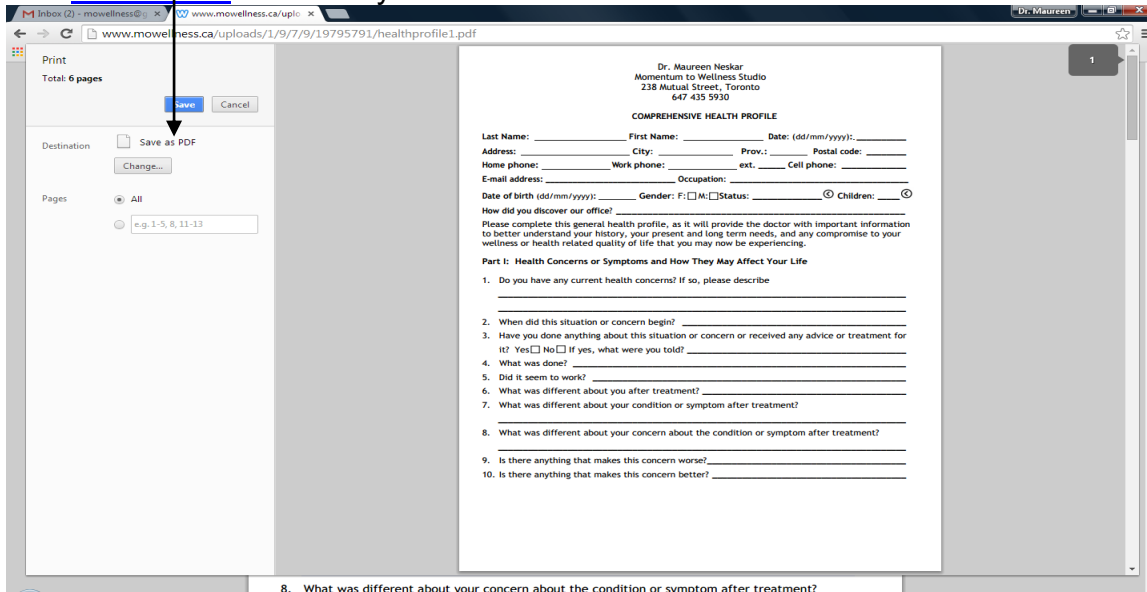
12. FOR WOMEN ONLY  
Date of last menstruation (d/m/y): 15/12/2014 Birth control: Yes  No   
Type: \_\_\_\_\_

Thank you for choosing our Network Spinal Analysis office. We are looking forward to helping you be successful in your ability to develop a healthy spine and nervous system. We are excited about the possibility of assisting as you continue on your journey towards greater health and wellness.

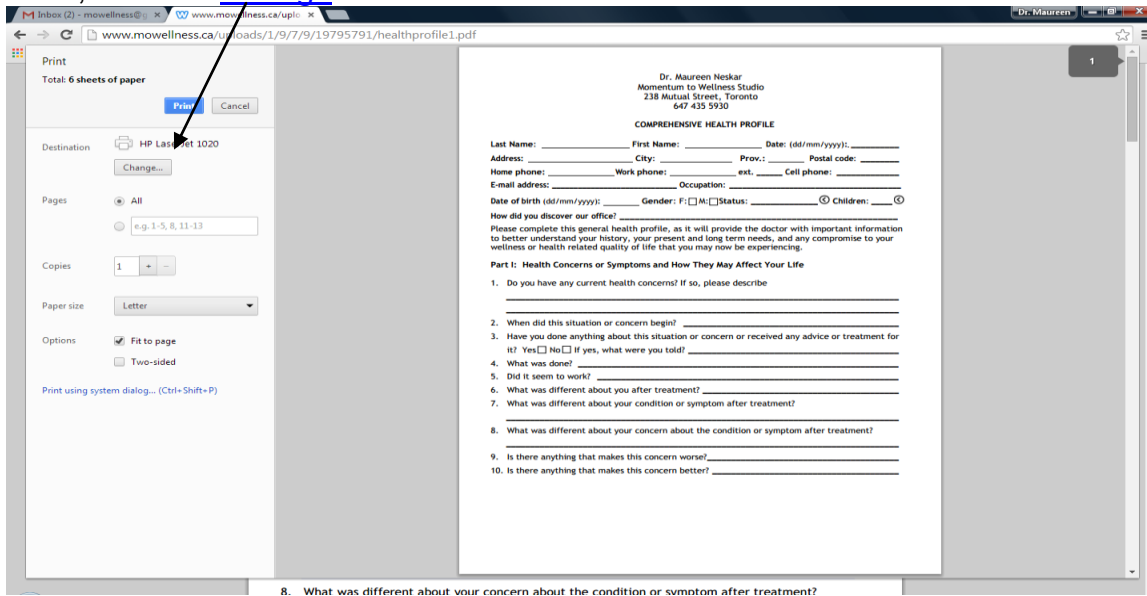
Dr. Maureen Nesar  
Momentum to Wellness Studio  
238 Mutual Street, Toronto, ON  
647 435 5930  
mowellness@gmail.com www.mowellness.ca

Print... Ctrl+P

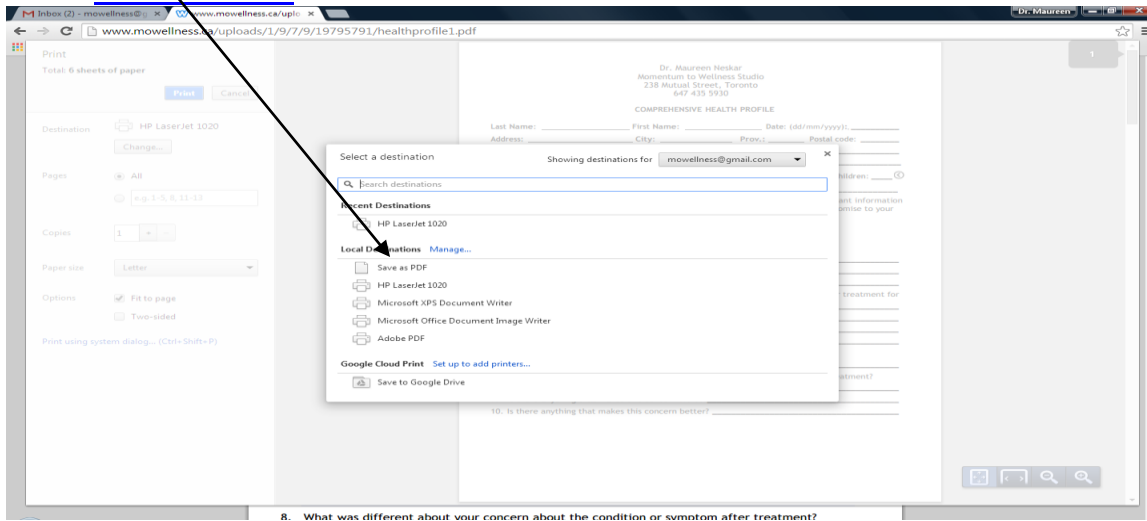
# The Destination should say "Save as PDF"



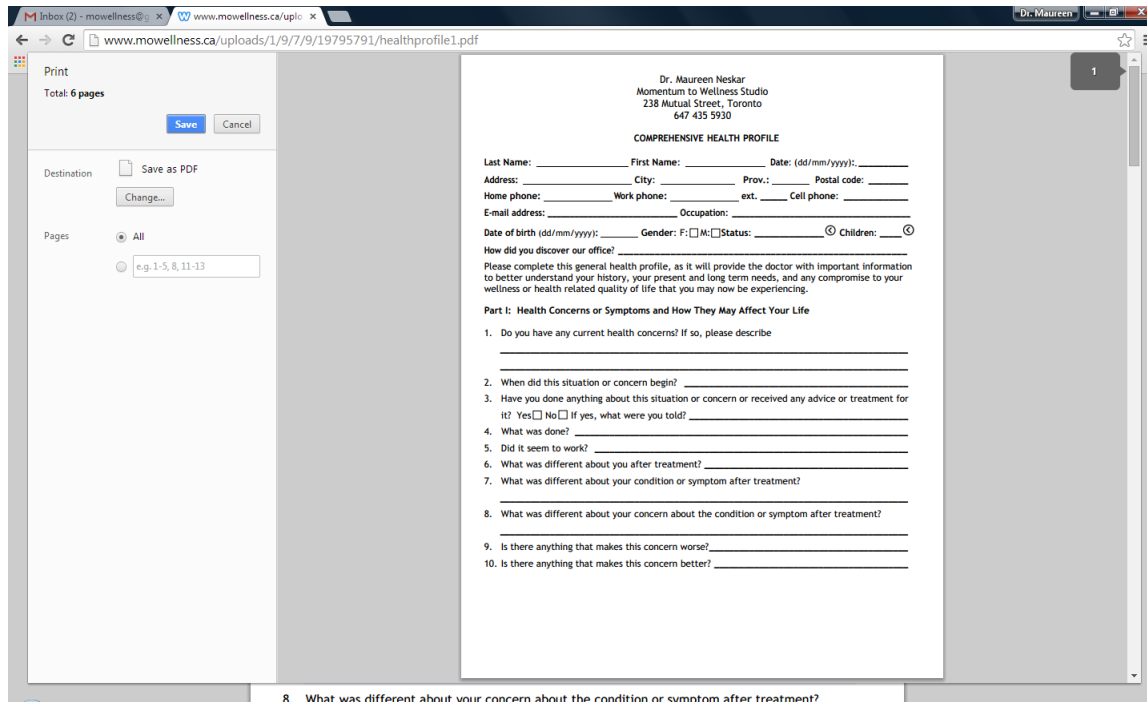
# If not, click the Change button



# Click "Save as PDF"



5) Now click [Save](#) and name your file as your **first and last name**. You can save it to your desktop.



6) Create an email to [mowellness@gmail.com](mailto:mowellness@gmail.com) and attach your file.

7) Please send your email. Once received, we will send a confirmation.

Thank you so much for your time and effort to create the opportunity for a great first visit to Momentum to Wellness.

If you encounter difficulties during this process, please call us during office hours and we'll be glad to help. Click here for office hours [Contact us](#) and you will be redirected to our website.

Please note some versions of Adobe, or your browser, may not support filling online. If that is the case, you can download the fillable form, complete, print, and scan back as an attachment to your email. We will follow up as above.