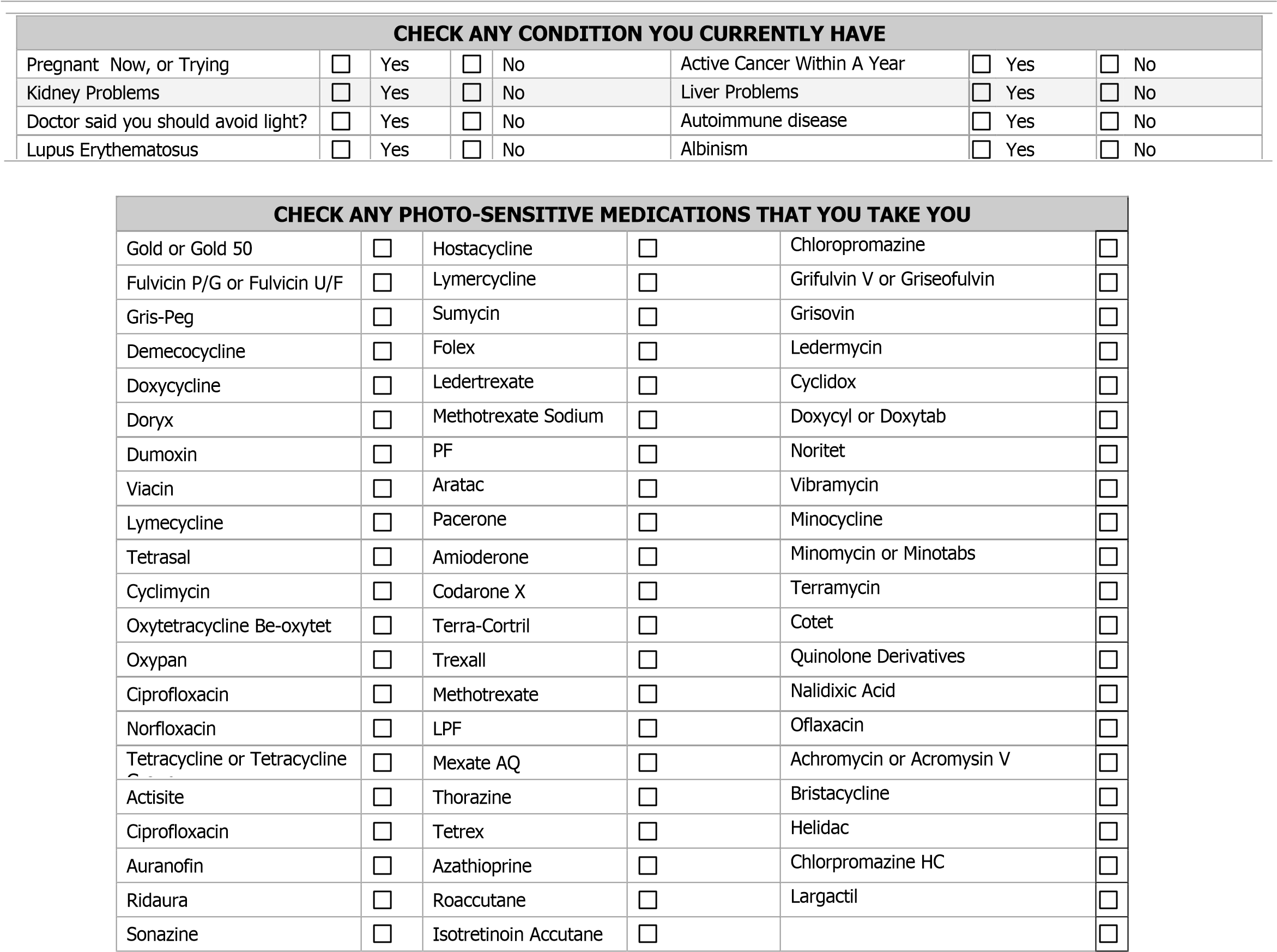
**Real people. Real results. Guaranteed.**

1-800-345-4381

Info@MyUltraSlim.com

# HEALTH HISTORY QUESTIONNAIRE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** (Last, First, M.I.): |  |  |  | M F | **DOB:** |
| **Home Address :** |  |  |  |  | **Phone:** |
| **Email:** |  |  |  |  |  |
| **Location of Services:** |  |  |  |  |  |



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

Client Signature Date

Rev. 01/10/2020