



FULL CIRCLE QUANTUM RECOVERY STUDIO

KRISTY L HILL

INITIAL INTAKE & WELLNESS BASELINE

Please complete this form before your first visit so we can understand your starting point and track your experience over time.

CONTACT INFORMATION

Full name *

Phone number *

Email address *

Preferred contact method (text / phone / email) *

YOUR STARTING POINT

What are your primary wellness goals? *

What concerns or changes brought you to us?

How long have you noticed these concerns or changes?

What are you interested in? Check all that apply:

☐ THE LIGHT SYSTEM™ ☐ THE LIGHT SYSTEM™ Membership ☐ REGENERATIVE CELL FACTOR (Stem Cell Therapy) ☐ INNER VOICE SCAN
☐ CODIFY DNA REPORT & DNA INFORMED NUTRITION GUIDE ☐ IONIZED FOOT DETOX ☐ SOLEX AO QUANTUM FREQUENCY SCANS ☐ Other / unsure

WELLNESS BASELINE

Rate how you feel today or over the past week. 0 is lowest or most difficult; 10 is highest or most comfortable. Circle one number for each:

Overall wellness 0 1 2 3 4 5 6 7 8 9 10 N/A

Energy 0 1 2 3 4 5 6 7 8 9 10 N/A

Stress management 0 1 2 3 4 5 6 7 8 9 10 N/A

Sleep quality 0 1 2 3 4 5 6 7 8 9 10 N/A

Physical comfort 0 1 2 3 4 5 6 7 8 9 10 N/A

Ease of movement 0 1 2 3 4 5 6 7 8 9 10 N/A

Bladder/pelvic-floor confidence (or N/A) 0 1 2 3 4 5 6 7 8 9 10 N/A

What would meaningful improvement look like for you?

EMERGENCY CONTACT

Emergency contact name

Emergency contact phone

■ I understand that FULL CIRCLE Quantum Recovery Studio provides non-medical wellness services, does not diagnose or treat medical conditions, and does not replace licensed medical care or counseling.

Please do not include diagnoses, medication lists, trauma details, or other sensitive medical information on this form. Those topics can be discussed privately through the appropriate process.

Signature

Date

Return this completed form by email or bring it with you to your appointment.