



Application to attend Ouachita Healthy Living Session

Ouachita Healthy Living Center, PO Box 302, Amity, AR 71921

Name: _____ Age: _____ Date: _____

Address: _____

Phone: _____ Email: _____ Height: _____ Weight: _____

Church affiliation if any _____

How did you learn about the Ouachita Healthy Living Program? _____

What underlying health problems, if any, do you have?

What medications and/or supplements do you take regularly? _____

Do you have any medication allergies? _____

Do you have any handicaps or restrictions to normal activities of daily living? _____

Do you have any food allergies or dietary restrictions? _____

Please ask your PCP if they would be willing to order the following labs so that you could bring the results. These will help both in evaluating your present status and advising needed lifestyle changes.

Complete metabolic panel	Vit D(25-hydroxycholecalciferol)	Fe, TIBC, ferritin
Fasting lipid panel	Vit B12 and folate	High-sens. CRP
TSH and free T4	Methylmalonic acid	Magnesium
CBC	Homocysteine	HgbA1c

Read the following information carefully before signing.

I have no medical conditions presently out of control. I will bring and continue to take any prescribed medications. I desire to experience the well-tested beneficial lifestyle program utilized in the program even if very different from my accustomed routine. I understand that Monday breakfast will be the first meal served. I will not bring any form of tobacco or alcohol to the session. I have read through the information in the "Planning for Your Session" section of the website.

Signature: _____