

2012 Awakening With Epstein (A.W.E.) Personal Care Form

Please return this form with you Practitioner's Form and fax to +1 (303) 678-8089

Name _____ Male Female Age _____

Are you a Practice Member D.C. SRI WE Chiropractic Student C.A. D.C. Spouse

Name of your Practitioner: _____

Please answer the following questions. If additional space is needed use a second piece of paper.

How many Transformational Gates have you previously attended? _____ (most recent) _____
How many A.W.Es have you previously attended? _____ (most recent) _____
How many HIPs have you previously attended? _____ (most recent) _____
How many ULTIMAs have you previously attended? _____ (most recent) _____
How many ULTIMATUMs have you previously attended? _____ (most recent) _____
How many SRIs have you previously attended? _____ (most recent) _____
How many SRI WEs have you previously attended? _____ (most recent) _____

Is there anything special about your spine or your Network/SRI care that you wish to share with Donny Epstein? _____

Is there anything you would like Donny Epstein to know about your personal development, evolution, or wellness? _____

If you are currently taking any medication, please list the medications and reasons for taking the drug(s). _____

Have you broken your skull, any bones, or vertebra? If yes, when. Please explain the details: _____

Have you had any surgeries? If yes, when. Please explain: _____

Is there any physical, emotional, mental, or chemical trauma which may have occurred to you since your last visit to your Practitioner? _____

What is your commitment to your future that this A.W.E. Program will help you fulfill? _____

Print Name

Date

Signature