



Ask An Expert Application

Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

What is the best way to contact you during normal business hours? _____

Mailing Address: _____

Gender: _____ Birth Date: _____

How did you find out about this program? MUS Choices Newsletter Wellness Website

WellCheck Lab Results Referred by a Professional or colleague

General Health Questions

Do you smoke or chew tobacco? Yes No

Do you drink alcoholic beverages? Yes No

Do you ever have pain in your chest or heart? Yes No

Do you ever notice extra heartbeats or skipped beats? Yes No

Are you ever bothered by nausea and/or dizziness for no apparent reason? Yes No

Has your physician ever said that you have a heart condition? Yes No

If you are currently being treated for any medical conditions, please list them here:

List all current medications (include dosage and purpose)

List all current dietary supplements (vitamins, minerals, herbs, etc.) and over-the-counter medications:

What are your goals for this program?

A medical release may be required for participation in this program. Please provide the name and contact information for your primary doctor/health care provider.

Name _____ Phone _____ Fax: _____

I understand that the MUS Benefits/Wellness Division may contact my health care provider.

Signature: _____ Date: _____

Please mail or fax to:
Wellness 328 Reid Hall
Bozeman, MT 59717
Fax: 406 994-2391

