



Check-Out Date \*

Date

dd/mm/yyyy

Phone Number \*

Your answer

E-mail Address \*

Your answer

Ethnic Origin \*

Your answer

Blood Type \*

Your answer

Birth Date \*

Date

dd/mm/yyyy

Weight (in KG) \*



Your answer

Height (in feet and inches) \*

Your answer

Gender \*

- Male
- Female
- Other:

Civil Status

Your answer

Nationality

Your answer

Country of Domicile \*

Your answer



### Cigna Global® Health Insurance ID Number

\* If applicable

Your answer

### Check the box which best describes the intentions of your visit at The Farm: \*

Check all that apply

- Medical Wellness
- Medical Detoxification
- Weight Management
- Pain Management
- Lymphatic Drainage
- Stress Management
- Sleep Therapy
- Smoking Cessation
- Genitourinary
- Respiratory
- Neurological
- Cardiovascular
- Psychiatric
- Blood Disorders
- Gastrointestinal



- Musculoskeletal
- Fitness & Strength Conditioning
- Other:

### Medical History \*

Check all that apply

- Asthma
- Cancer
- Cardiac Disease
- Diabetes
- Hypertension
- Psychiatric Disorder
- Epilepsy
- Others
- None

Kindly list medications utilized during the course of the past six (6) months.  
Please include vitamins and dietary supplements:

Your answer

Please provide information regarding any known ALLERGIES (drugs, vitamins, herbs & food) and FOOD INTOLERANCE that you may have:

Your answer



Have you undergone surgery in the last 2 years? \*

Yes

No

Do you use or do you have a history of using tobacco? \*

Yes

No

How often do you consume alcohol? \*

Daily

Weekly

Monthly

Occasionally

Never

For spa considerations, is your skin allergic to coconut oil? \*

Yes

No



Have you been exposed to a Person Under Monitoring/Person Under Investigation or a COVID-19 positive person in the past 14 days? \*

Yes

No

Foreign Countries/Provinces/Cities you have worked, visited, transitioned, or traveled to in the past 14 days: \*

Your answer

Have you had COVID-19 testing done? \*

Yes

No

Have you experienced any of the following in the last 14 days: \*

Fever

Dry Cough

Tiredness

Diarrhea

Headache



- Loss of Smell or Taste
- Sore Throat
- None

Are there any other concerns or information that you wish to add that may assist us in maximizing your stay at The Farm?

Your answer

Submit

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