



Client History

Please print and answer all questions: Date: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email _____ Birthdate: _____

How did you hear about us? _____

What brings you to visit today? What other services are you interested in?

Do you have any medical history and/or and current conditions we should be aware of?

Do you have a pace maker or any other medically installed electrical apparatus? _____

If yes, please explain. _____

Are you on any medications? If yes, what? _____

In case of emergency call: _____

Phone: _____

All the information that I have given is true. I am aware that these are not medical services. We do not diagnose, prescribe, or insert in accordance with state legislation. All information is for educational purposes only and to be used accordingly. I understand that it is my 9th amendment right to choose these services and do so of my own free will.

Signature _____