# BIOFIELD TUNING

## Client Intake Form

First name:

Last name:

Date of Birth:

Home Phone:

Cell Phone:

Email:

Address:

City/Province:

State:

Post Code:

Please mark all that apply and provide any additional health information that you'd like us to know:

- [ ] Pregnancy or planning to become pregnant
- [ ] Cancer or terminal illness
- [ ] Heart condition/pacemaker
- [ ] Concussion or head injury in the last 6 months
- [ ] Recent broken bones
- [ ] Obesity
- [ ] Epilepsy
- [ ] Currently taking medications
- [ ] Other

If other, please describe:

List any goals that you may have our session today and for your long term health:

I grant my practitioner permission to use light touch and the application of weighted forks and/or a crystal on my body. I am aware that I may verbally revoke this permission before or during my session at any point.

Signature of Client: _____ Date: _____

*(or Parent/Guardian if client is under 18)*

I have provided my information to the best of my knowledge, including pertinent health information.

Signature of Client: _____ Date: _____

*(or Parent/Guardian if client is under 18)*