



BIOFIELD TUNING

Client Intake Form & Disclaimer

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
- Recent broken bones
- Cancer or terminal illness
- Obesity
- Heart condition/pacemaker
- Epilepsy
- Concussion or head injury in the last 6 months
- Currently taking medications
- Other

If other, please describe:

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

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

Signature of Client:

(or Parent/Guardian if client is under 18)

_____ Date: _____

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

Signature of Client:

(or Parent/Guardian if client is under 18)

_____ Date: _____