

Client Intake Information Form

- please complete, print and bring this questionnaire to the appointment -



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ANALIZING STRESS IN THE BODY

NAME _____ REFERRED BY _____

ADDRESS _____

E-MAIL _____

PHONE _____ CELL PHONE _____

BIRTHDATE _____ PLACE OF BIRTH _____

ORGANS REMOVED (INCLUDING TEETH) _____

NAMES OF DRUGS CURRENTLY BEING USED

LIST DIET SUPPLEMENTS _____

PLEASE LIST ANY AREAS OF CONCERN _____

HOW MUCH WATER DO YOU DRINK PER DAY? _____

DAILY BMs _____