

# EESystem Healing Center Client Intake Form

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Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender M or F

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

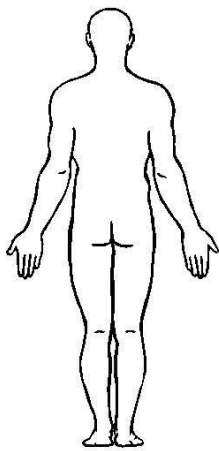
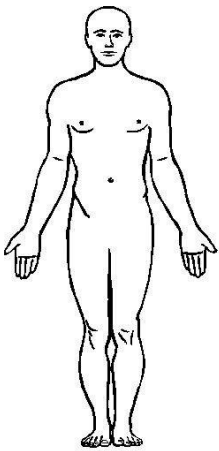
Occupation: \_\_\_\_\_ Referred by: \_\_\_\_\_

Scheduled Service: \_\_\_\_\_ Notes: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Focus Areas: \_\_\_\_\_

Intention: \_\_\_\_\_



*Indicate areas of pain or concern*

*I have completed this form to the best of my knowledge. I understand results may vary. Information and statements made are for educational purposes and are not intended to replace the advice of your doctor. EESystem Healing Center of Bastrop, LLC does not dispense medical advice, prescribe, treat, cure, prevent, or diagnose illness. I understand the views and nutritional advice expressed by EESystem Healing Center of Bastrop LLC are not intended to be a substitute for conventional medical service. If you have a severe medical condition or health concern, see your physician. I understand testimonials should be viewed as observations by individuals and not factual information.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_