

EESystem Healing Center Client Post Treatment Form

Please fill out and Email to: healing@eesystembastrop.com

Date: _____ Date of Birth: _____ Age: _____ Gender M or F

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail address: _____

How long was your session: _____ Additional services used: _____

Share your experience during the session: _____

Share your experiences after the session: _____

Changes in symptoms: _____

Any other Feedback: _____

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: _____