



Consultation Form

Name: _____ Age: _____

Phone (primary): _____ Phone (secondary): _____

Email: _____

Home address: _____

Do you have any goals for our session(s) together? _____

Are there any questions or concerns that you feel we should address prior to your session?

Please mark any of the following that may apply to you:

- Pregnancy or planning to become pregnant
- Cancer or terminal illness
- Heart condition/pacemaker or other implanted electrical device
- Concussion or head injury in the last 6 months
- Recent broken bones
- Currently taking medication
- Other

If you marked any of the above, please provide more information: _____

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)

Would you like to be added to my mailing list to receive updates and offers. YES/NO
You can unsubscribe at anytime.

Information will be treated in the strictest of confidence and stored in accordance with Data Protection legislation.