



New Client Intake Form

First Name: _____ Last Name _____

Date of Birth: _____

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

Email: _____

Mailing address: _____

Please tell us who referred you so we can thank them: _____

What are your goals for our sessions together _____

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

Have you ever had a BioSound or Biofield Tuning session before? __Yes __No

If yes, when was your last session? _____ Number of previous sessions _____

Are you sensitive to perfumes or fragrances? _____

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

Pregnancy or planning to become pregnant

Cancer or terminal illness _____

Obesity

Heart condition/pacemaker

Concussion or head injury in the last 6 months

Recent broken bones _____

Currently taking medications _____

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)

Permission To Use Data: By signing below, you give permission to share your case in a database exclusive to Certified Biofield Tuning practitioners for educational and research purposes. (For example: if Biofield Tuning successfully resolved your ailment, the practitioner's process and protocol, as well as the outcome of the treatment would be shared with other practitioners for their reference). Your identity and personal information **will remain anonymous and confidential** at all times.

Signature of Client _____ Date: _____