Eastern Channel Acupuncture

BIOFIELD TUNING

Client Intake Form

First Name:

Last Name:

Date of Birth:

Home Phone:

Cell Phone:

Email:

Address:

City:

State:

Email:

Please mark all that apply and provide any additional health information that you'd like me to know:

- ☐ Pregnancy or planning to become pregnant
- ☐ Cancer or terminal illness
- ☐ Heart condition/pacemaker
- ☐ Concussion or head injury in the last 6 months
- ☐ Recent broken bones
- ☐ Obesity
- ☐ Epilepsy
- ☐ Currently taking medications
- ☐ Other

If other, please describe:

List any goals that you may have for our session today and for your long term health:

I grant my practitioner permission to use light touch and the application of weighted forks and/or a crystal on my body. I am aware that I may verbally revoke this permission before or during my session at any point.

Patient Signature _____ **Date** _____
(or Parent/Guardian if patient is under 18)

I have provided my information to the best of my knowledge, including pertinent health information.

Patient Signature _____ **Date** _____
(or Parent/Guardian if patient is under 18)