

Bioenergy Balancing Center Client Information Form

Name: \_\_\_\_\_  
please print First and Last

Cell Phone: \_\_\_\_\_

Home/Work or alternate phone number: \_\_\_\_\_

Email: \_\_\_\_\_

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

I prefer to receive appointment confirmations via (number your preference 1 (most) - 3 (least))

Text: \_\_\_\_\_ Phone Call: \_\_\_\_\_

Email: \_\_\_\_\_

I am open to receiving messages, communications, articles, updates from BBC Y: \_\_\_ N: \_\_\_

I was referred to BBC by: \_\_\_\_\_

Please indicate if you have experienced any of the following treatments and the provider:

Bioenergy Balancing work from \_\_\_\_\_

Myofascial Therapy work from \_\_\_\_\_

Acupuncture from \_\_\_\_\_

Reiki/Other energy work from \_\_\_\_\_

Chiropractic work from from \_\_\_\_\_

Muscle testing from: \_\_\_\_\_

Healing Touch work from \_\_\_\_\_

Naturopathic / Nutritional Counseling from \_\_\_\_\_

I am allergic to: \_\_\_\_\_

I have been medically diagnosed with: \_\_\_\_\_

I am taking the following prescriptions: \_\_\_\_\_