

Sophie Richard
R.Ac., NAET Practitioner
Client Information

Name:

Date:

Address:

Date of Birth:

Age:

Telephone (Home):

(Cell):

(Work):

Occupation:

Email:

Emergency Contact Person:

Relationship:

Telephone:

Primary Physician:

Phone:

Who were you referred by:

Reason for coming:

Main health concern:

History of traumas and major accidents with dates:

List of current medications:

List of allergies:

List of hobbies and activities:

Please list any symptoms that apply to you:

Allergies Anxiety Bloating Back pain Breathlessness Constipation Coughing Cankers
Depression Diarrhea Easily bruised Gas Headache/migraine Heartburn Memory loss
Nausea Numbness Poor sleep Poor libido Sinus problems Tinnitus

Please circle if you have had - or currently have any of these conditions:

Arthritis Asthma Bleeding disorders Bone fracture Birth trauma Chronic fatigue
Chicken pox Cancer Diabetes Digestive condition Ear infections Epilepsy Fibromyalgia
Head injury Heart disease Hepatitis A/B/C Headaches HIV High blood pressure
Irritable bowel Joint replacement Kidney disease Lyme disease Multiple sclerosis
Osteoporosis Pacemaker Polio Pneumonia Seizures Sinus infections Skin problems
Stroke Spinal injury Tuberculosis

Cancellation policy:

Please note: Your appointment time has been reserved for you. In courtesy of your therapist and fellow patients, we ask that you provide us with a 24 hour notice of cancellation, or a fee of 35\$ will be charged. Please sign if you understand and agree.

Signature:

Date:

Your signature gives consent to receive acupuncture and or NAET:

Signature:

Date: