



CLIENT INFORMATION FORM

Personal details

Full name:						
Address:				City:		
Province/State:			Postal/Zip:		Country:	
Phone no.:			Cell phone no.:			
Email address:						
Date of birth:				Sex:	M <input type="checkbox"/>	F <input type="checkbox"/>

Health history

Current diagnosis
When diagnosed?
Treatment(s) to date
Current medical treatment(s)
Other alternative treatment(s)

Please provide your most recent CT or MRI reports

I understand that Bioenergy Therapy is a highly effective complementary therapy for promoting health and healing and that it is not a replacement for conventional medical treatment.

I understand that the Bioenergy Therapy practitioner does not diagnose illness, disease or any other physical or mental disorder. As such, the Bioenergy Therapy practitioner does not prescribe medical treatments or pharmaceuticals, nor does he/she perform spinal manipulation.

It has been made clear to me that Bioenergy Therapy is not a substitute for medical examinations and/or diagnosis and was recommended to see a physician for any physical ailment that I might have.

Because a Bioenergy Therapy practitioner must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the therapist updated on my physical health.

Signature:

Date:

I agree to receive information from Ellen Lewinberg via email relating to Bioenergy therapy. YES NO