

## CLIENT INFORMATION

<b>First Name:</b>	<b>Last name:</b>	<b>Birth Date:</b>
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>E-mail Address:</b>		
<b>Home Phone: (       )</b>	<b>Cell-phone: (       )</b>	
<b>Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W <input type="checkbox"/>      No. of Children:</b>		
<b>Occupation:</b>		
<b>Parent First Name:</b>	<b>Last name:</b>	<b>Birth Date:</b>

Dear Client,

I would like to inform you that any homeopathic recommendations you may be offered during your visit are not intended as the practice of medicine. You, as a client, may need to also consult a health care professional.

Client Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_