



**Olga Saletsky**  
Classical Homeopath  
(Please Print Clearly)

CHILD CLIENT INFORMATION		
Client's last name:	First:	Birth Date: / /
GUARDIAN INFORMATION		
Guardian's last name:	First:	Birth Date: / /
Relationship to Child:		
Street Address:		
City:	State:	Zip:
Email Address:		
Home Phone: (    )		Cell Phone: (    )
<b>What Pronouns You Use?</b> <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> Ze/Hir/Hirs <input type="checkbox"/> He/Him/His <input type="checkbox"/> No Pronoun <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> No Preference <input type="checkbox"/> Not Listed		<b>Marital Status (circle one):</b> Single / Mar / Div / Sep / Wid
Occupation:		