

DATE: _____

NAME _____

Address _____

Cell Phone (_____) _____ - _____ Home Phone (_____) _____ - _____
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E-MAIL ADDRESS:

EMERGENCY CONTACT:

NAME _____

PHONE _____

=====

Date of Birth _____ Age _____ Sex: M / F

Marital Status _____ Spouse's Name _____

Children or Other Family Members Living with you:

Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

Name & Age _____ Name & Age _____

Do you have any household pets or other animals you or family members are in close contact with?
Please list

Explain what brings you here today... _____

ALLERGIES

Are you hypersensitive or allergic to FOODS, DRUGS, or ENVIRONMENTAL substances?

Allergen	Length of time	Reaction to Allergen
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had: **CHEMOTHERAPY YES / NO**

RADIATION THERAPY YES / NO

Current Medications - including over the counter

Medication	Strength	Dosage per day	Reason for Medication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SLEEP

Do you average 7-8 hours sleep per night **YES** or **NO...** *If NO, please explain* _____

Do you wake in the middle of the night? what time _____

Please explain what wakes you _____

BOWEL MOVEMENTS

How many per day **1 / 2 / 3**

Described as **Firm / Normal / Loose**

Past Injuries/Surgeries

Date	Description of Injury/Surgery
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

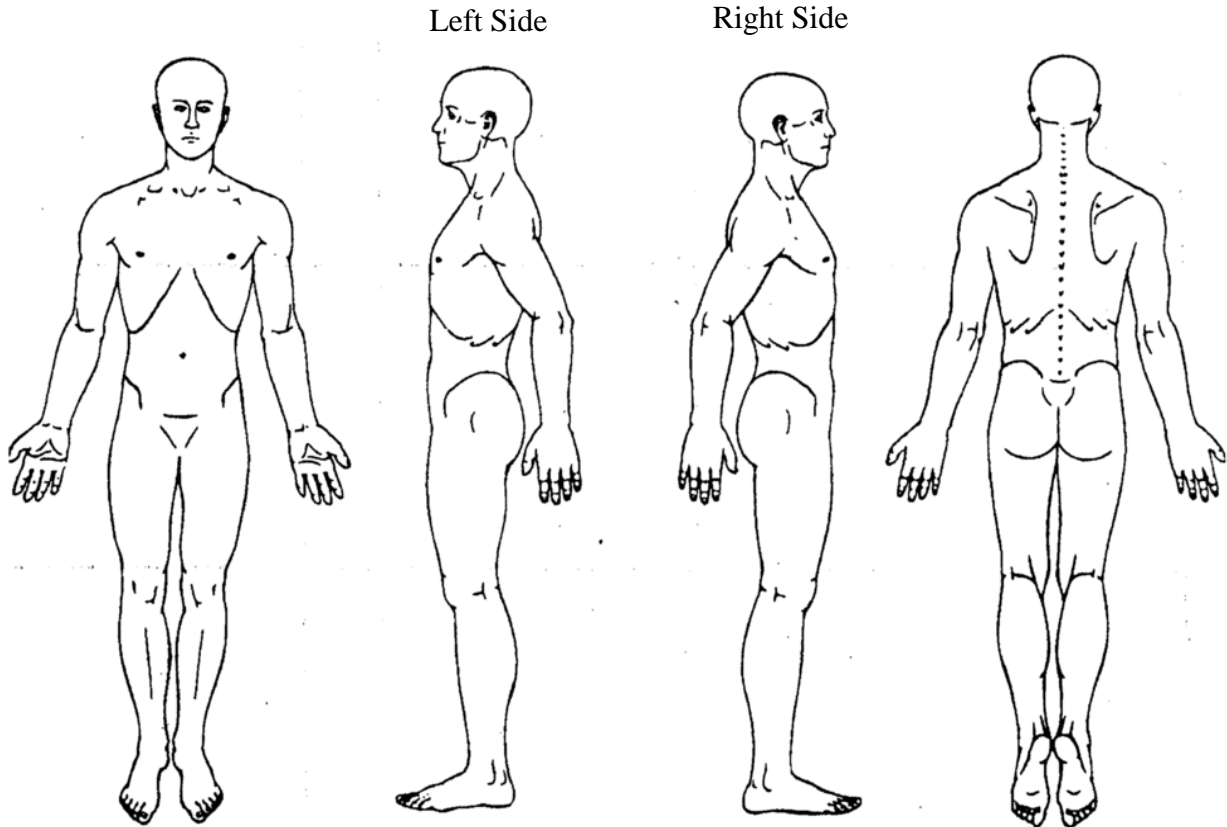
FOOD & WATER intake

v	Description	Qty	Frequency
	Exercise		
	Water		
	Fruit		
	Vegetables		
	Meat		
	Fish		
	Grains		
	Dairy		
	Coffee		
	Soda		
	Sweets		
	Alcohol		
	Smoking		
	Fast Food		

Current Supplements

Supplement	Strength	Dosage per day	Reason for Supplement
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please mark any locations where you have **SCARS**
Including episiotomy, piercings, tattoos, burns and tooth extractions



Our bodies are covered in sympathetic nerve fibers. These fibers are roadways that energy travels on to go to all areas of the body. A cut in these fibers disrupts the flow of that energy. If a cut is deep enough and scar tissue forms, the scar tissue will often retain the energy rather than allowing it to flow through. In other words, a scar is like a roadblock. When the energy traveling on the road comes to the scar, it can't get around it. One effective way to release the trapped energy is through light therapy. The light from the laser has the precise energy frequency needed to essentially break down the road block so the energy can flow again.

Acknowledgement

I understand the above information and guarantee this form was completed accurately and to the best of my knowledge and that it is my responsibility to inform this office of any changes in the above information.

**PERMISSION & AUTHORIZATION FORM
REGARDING THE USE OF
NUTRITION RESPONSE TESTING™/BIOMAGNETISM THERAPY/EMOTION CODE THERAPY**

I authorize BioMagnetic Balancing and Nutrition 4 Life, LLC to perform Nutrition Response Testing, Emotion Code, Body Code and Biomagnetism Therapy. I also authorized them to develop a natural, complementary health improvement program for me which include food guidelines, herbal infusions or other nutritional supplements, etc. in order to assist me in improving my health, **and not for the treatment, or "cure" of any disease.**

I understand that **Nutrition Response Testing, Biomagnetism Therapy, Emotion Code and Body Code therapy is a safe, non-invasive, natural method** of analyzing the body's physical and nutritional needs, and that deficiencies or imbalance in these areas could cause or contribute to various health problems.

I understand that **Nutrition Response Testing, Biomagnetism Therapy, Emotion Code and Body Code therapy** are not methods for "diagnosing" or "treating" of any disease including conditions of cancer, AIDS, Infections, or other medical conditions.

No promise or guarantee has been made regarding the results of **Nutrition Response Testing, Biomagnetism Therapy, Emotion Code and Body Code therapy** or any natural health, nutritional or dietary programs recommended, but rather I understand these are means by which the body's natural reflexes can be used as an aid to determining possible imbalances, so that safe natural programs can be developed for the purpose of bringing about a more optimum state of health.

I understand that I am to adhere to the program guidelines. These guidelines have been fully laid out before me and discussed in detail. If I do not fully comply, I understand that this will greatly impact my results and success.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

CLIENT SIGNATURE _____ **DATE:** _____

Print Name _____

PARENT/GAURDIAN SIGNATURE _____ **DATE:** _____

Print Name _____

WITNESS SIGNATURE _____ **DATE:** _____

Print Name _____