

Energy Paradigm Inc. Client Intake Case History Form

All information is confidential. We do not share information or e-mail addresses.

Name: _____ Phone: () _____

Address: _____

City: _____ Province: _____ Postal Code: _____

e-mail: _____ Occupation: _____

Would you like to be on our newsletter list? Yes or No (circle one)

Have you been treated by a medical doctor for a health condition or have you had surgery within the last year? (If so, please briefly explain.)

Are you currently taking any medication? (If so, please list.)

Please list your major complaints. You may use the back of this form.

How did you hear about us?

Date:

Signature:
