

☯ If your health continues to improve what changes or opportunities would this create in your life?

☯ Please list the most important health improvements you currently wish to make. Go ahead and include any goals even if they seem impossible.

☯ Our staff works as a team and we all review this information. Would you like to make any acknowledgements or compliments?

Would you recommend a friend for a free, complimentary initial consultation? There will be no charges or obligations for further services with this consultation.

Name of friend or family member

Phone #

Your Signature:

Please leave this space blank for office notes:

Pulse:

Tongue:

Recommended Changes/Treatment Frequency

Assessed by:

Please leave this space blank for office notes