

First Time Client Intake Form



Frequencies with millivolts are used in BioEnergy.

- It is NOT recommended for clients with:
- Electrical Implanted Devices
- Women that are Pregnant
- Recently under Anesthesia
- Alcohol or Certain Medications

Client's Name _____ Date: _____

Physical Address _____

City: _____ Zip: _____

Phone #: _____

Date of Birth ____ / ____ / ____ Male [] Female []

Email: _____

(mark the gender you were born for accuracy on BioEnergy Scans) Client information contained within the form is considered strictly confidential.

PRIMARY CONCERN FOR TODAY'S VISIT:

Three horizontal lines for writing the primary concern.

How long have you had this condition? _____ Is it getting worse? [] yes, [] no

Please list any medication you are currently taking and why:

Three horizontal lines for listing medication.

Herbs and Vitamins

Two horizontal lines for listing herbs and vitamins.

Health History This Week


N / Y


- Had surgery in the Last 7 days? [] If yes, we will have to reschedule because of anesthesia effects.
Experiencing mental changes? [] If yes, what kind: _____
Do you Smoke or Vape? [] If yes, which one: _____
Did you use Medical Marijuana? [] If yes, for what health reasons? _____
Have you had any Alcohol today? [] If yes, we will have to reschedule for a non-alcohol day.
Have surgery scars inside/ outside? [] If yes, where? _____
Have you a been diagnosed with anything? [] If yes, what? _____



First Time Client Consent for Care Form

Medical Disclaimer:

- ❖ Are you currently Pregnant or could possibly be pregnant? (circle) No Yes 
 - If yes, it is highly advised not give frequency treatments to women that are pregnant or could be pregnant. Bioenergy Frequency Care are not recommended.

- ❖ Are you currently implanted with an electrical device within your body? (circle) No Yes 
 - If yes, Bioenergy treatments contain frequencies and millivolts that may interfere with some medical electrical devices. Bioenergy Frequency Care are not recommended.

IMPORTANT:

If you feel you need a nap during care your blood sugars could be dropping. I offer honey sticks. If you feel you need a nap after care please make the time to do so. It's your body's way of re- booting and starting up again in a more balanced state of health.

Possible Side effects of Frequency care that involve Millivolts

<ul style="list-style-type: none"> • Tiredness • Energized • Giddy 	<ul style="list-style-type: none"> • Thirsty • Rise in Temperature 	<ul style="list-style-type: none"> • Low blood Sugar • Slow breathing • Cold feeling 	<ul style="list-style-type: none"> • Headachy • Ear Feels hot 	<ul style="list-style-type: none"> • Symptoms can worsen before relief • Bowel movement 	<ul style="list-style-type: none"> • Hungry • Light sensitive
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Signature _____ Date _____

Relationship to patient if young Minor _____

Please Note: This is a confidential record of your medical information and will be kept private. Information contained here will not be released to any person except when you authorize OnPoint Health and Wellness LLC by signing a consent form agreement.