

# Insightful Health For You, PMA

*"Giving insight to your health needs"*

## Client Information Form

P. O. Box 402

[insightfulhealthforyoupma@gmail.com](mailto:insightfulhealthforyoupma@gmail.com) 608-235-1147

Evansville, WI 53536

**Directions:** 1. Place 2 Q-tips saturated with saliva in a zip-lock bag

2. Place 2 hairs in a separate zip-lock bag 3. Place 2 Q-tips saturated with fresh-catch urine in separate zip-lock bag 4. Place all 3 bags in padded envelope or box along with this form and mail to above address.

**CLIENT INFORMATION** please fill out all information **DATE:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Male:** \_\_\_ **Female:** \_\_\_ **Birthdate:** \_\_\_/\_\_\_/\_\_\_ **Age:** \_\_\_ **Height:** \_\_\_ **Weight:** \_\_\_

**Major Concerns:** \_\_\_\_\_

**Prescription Medications:** \_\_\_\_\_

**Supplements:** \_\_\_\_\_

**Surgical Procedures, organs removed:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Security Code:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Billing Name & Add. on card:** \_\_\_\_\_

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