



Client Information Sheet

Personal Info

- **Name:** _____
- **DOB/Age:** _____
- **Address:** _____
- **Phone:** _____ **Email:** _____
- **Weight:** _____ **Height:** _____ **Gender:** Male Female

What brings you in today?

- Bio-Scan
 - Foot Detox
-

Health History

1. **Main reason(s) for seeking holistic care:**

2. **Medical conditions?** Yes No If yes: _____
 3. **Under medical care now?** Yes No Reason: _____
 4. **Current medications/supplements:**
 - _____ / Purpose: _____
 - _____ / Purpose: _____
 5. **Allergies (food, herbs, etc.)?** Yes No If yes: _____
 6. **Past surgeries?** Yes No If yes: What & When? _____
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Lifestyle

- **Diet description:** _____
 - **Special diet (e.g. vegan, gluten-free)?** _____
 - **Exercise:** Rarely 1-2x/week 3-4x/week Daily
Type: _____
 - **Sleep per night:** <5 hrs 5-6 7-8 9+
 - **Stress level:** Low Moderate High Main source: _____
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Emotional & Energy Health

- **Tried alternative therapies?** Yes No Which: _____
 - **Mindfulness/spiritual practice?** Yes No How often? _____
 - **Emotional/spiritual concerns:** _____
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Women Only

- **Post-menopausal?** Yes No Age: _____
 - **HRT or hormone-based birth control?** Yes No
 - **Menstrual cycle: Regular?** Yes No Longer/Shorter than 28 days? _____
 - **Flow longer/shorter than 5 days?** _____
 - **Cramping/clotting?** Yes No **Color:** Bright red Purple Brown
 - **PMS/headaches/cravings?** _____
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Background & Familiarity

- **Major life event(s) at issue onset (e.g. job loss, illness, divorce):**
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Check all you're familiar with:

- Homeopathy Flower Remedies Probiotics Aromatherapy
 Muscle Testing Herbals Enzymes Sports Nutrition
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Other

Question	Yes	No
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had organ transplants?	<input type="checkbox"/>	<input type="checkbox"/>
Have electronic health devices (e.g., a pacemaker)?	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER

I understand that the services provided, including the QUEST4 evaluation and Foot Detox, are for educational and informational purposes related to nutrition, lifestyle, detoxification support, and energetic balance only. The practitioners are not licensed medical doctors and do not diagnose, treat, or prescribe for any disease or medical condition.

I acknowledge that the QUEST4 system is a non-invasive tool that identifies energetic imbalances but does not provide a medical diagnosis. I further understand that Foot Detox services are non-invasive and intended to support the body's natural detoxification processes through external means, and are not intended to diagnose, treat, or cure any medical condition.

Any recommendations made are based on energetic patterns and general wellness support and are not intended to replace medical advice or treatment by a licensed physician. I agree to continue my care with my primary healthcare provider and to consult them before making any changes to prescribed medications or treatments.

I accept full responsibility for my health decisions and will not hold the practitioner(s) liable for any outcomes related to services received, including QUEST4 evaluation and Foot Detox. I understand that temporary discomfort, including mild detoxification responses, may occur as part of the body's natural processes.

All information shared will remain confidential and will only be released with my written consent.

By signing below, I confirm that I have read, understood, and voluntarily agree to this disclaimer and waiver.

Signature _____ Date _____

FOR OFFICE USE ONLY

Bach Flower Consultation:

pH Levels:

Eye Photo and Findings:

Face Photo and Findings:

Tongue Photo and Findings:

Nail Photo and Findings:

Active MRT Points:

Recommendations:

Next consultation recommended on: