THE GARDEN of Natural Health

2910 Duniven Circle • Amarillo, TX 79109

Client Intake Form (Confidential)

Name:______________________________________ Date:____________

Address:____

City:__________________________ State:__________ Zip:____________

Date of Birth:____________________ Place of Birth:____________________

Home Phone:____________________ Cell Phone:____________________

☐ Male ☐ Female ☐ Married ☐ Divorced ☐ Widowed ☐ Single ☐Separated

Occupation:____________________ Employer:____________________

Work Address:____

City:__________________________ State:__________ Zip:____________

Person to contact in Case of Emergency:__________________________________

Home Phone:____________________ Cell Phone:____________________

Are you pregnant?____

Do you have any implanted medical devices (i.e. pacemaker/pain pump)?______________

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What are your areas of concern?_____________________________________

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What stresses do you have in your life?_________________________________

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What would you like to accomplish with Quantum Biofeedback?___________________

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Can you make changes in your life to help control your stresses and what would they be?________

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