

Name: _____ Date: _____

Birth Name: _____ Place of birth: _____

Date of Birth: _____ Time of Birth (if known): _____

Are you pregnant or nursing? Y / N Do you wear a pacemaker? Y / N

Married _____ Single _____ Divorced _____ Seperated _____ Widowed _____

Spouse: _____ Referred by _____

Best phone number to reach you at _____

Work info: Company _____ Position: _____

Emergency Contact _____ Home/cell ph _____

Children's Names

Birth Dates:

# of organs removed (please include tonsils, teeth, appendix, ovaries, etc)		Personal Stress (1-10)	
# of synthetic drugs currently used (includes over the counter)		# of toxic exposures (Chemo, radiation, chemicals, insecticides, etc.)	
# of times you smoke per day		# of major injuries in the past (emotional, physical, or other trauma)	
# of steroid drugs used in last year (includes birth control)		# of alcoholic drinks per day (avg)	
# of silver fillings in your mouth (best estimate)		# of caffeine products per day (Tea, coffee, cola, chocolate, etc)	
# of street drugs used each month		# of exercise sessions per week	
# of all known allergies		# of glasses of water a day	
I am responsible for my body (1-10)		# of sugar products per day (1-10)	
Number of unresolved emotional factors (anger, greed, desire, sadness, fear, depression, etc.)		# of major infections in the past & present	
Amount of fat in your diet (1-10) (best estimate)		How many pounds overweight	

Please indicate if any family members have had any of the following and if so, who:

___ Diabetes _____	___ Alcohol Problems _____
___ Cancer _____	___ Congenital Prob. _____
___ Stroke _____	___ Hepatitis/Liver Disease _____
___ Hypertension _____	___ Mental/Emotional prob. _____
___ Heart Disease _____	___ Other _____

Please describe any concerns and your objectives in seeking wellness here:

I understand that Summer Oliver is not a MD and does not portray herself to be but will be providing biofeedback and wellness services. I understand that the services provided identify energetic imbalances. Procedures utilized include stress reduction protocols, nutritional wellness consultation, and biofeedback. I fully understand that Summer does not offer allopathic drugs, surgery, or other conventional treatments. I addition she does not diagnose, or prescribe for any disease, conditions or illness, or perform any act that would constitute the practice of medicine for which a further license is required. I have solicited Summer Oliver’s services in good faith, exercising my free will and sound mind which allows me to select what I understand is most beneficial to my health. I am fully aware and release the practitioner to do biofeedback sessions, wellness, consultation, and other stress and pain reduction protocols.

By signing below I acknowledge that I have read and understand all parts of this waiver, that I had the opportunity to ask questions and affirm that I am not here for medical diagnostic or treatment procedures and I am here on this and any subsequent visit solely on my behalf.

Name (please print) Date

Client Signature