Hanson Energy Medicine Intake Form

Personal Information:

Name _____ Date _____

Address _____

_____

Phone #/Best contact#_____

Acceptable to text you at this Phone# Yes____ No _____

Email _____

Date of Birth _____

Health Concerns:

What are the main health concerns you'd like to discuss today?

_____

_____

_____

_____

_____

_____

_____

_____

_____

Any accidents you might think relate to these health concerns?

_____

_____

_____

Results of prior surgeries or other health care techniques?

_____

_____

_____

How would you describe your eating habits/diet/nutrition?

_____

_____

What makes the conditions better or worse?

_____

_____

_____

What are your expectations of these sessions?

_____

_____

I understand that John Hanson is not a licensed Medical Doctor, and that the techniques performed here are considered alternative/complementary and are not licensed or credentialled by the State of California. Mr. Hanson's training background, and the nature and theory of treatments are found in the website **"hansonenergymedicine.com".**

Signature _____

Date _____