Angela Babb
Chickamauga, GA 30707
423-595-5750
angela@faithnaturalwellness.com
www.faithnaturalwellness.com

New Client Intake Questionnaire and Release Form (2 pages)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of birth: _____ Age: _____ Male/Female: _____

Height: _____ Weight: _____

Relationship status: Single Married Divorced Widowed In a Relationship

Major Complaints in order of importance to you:

Complaint	How long ago	Describe related symptoms (How often do they occur? How long do they last? Impact on daily life?)	Rate (1-10)

I am 18 years of age or older and have voluntarily chosen energy medicine and natural wellness services, which may or may not include bioresonance, homeopathy, suggested protocols, herbs/herbal products, muscle testing, emotional releases, suggested recommendations for natural wellness, frequencies, and/or natural wellness treatment for myself in order to increase my general vitality and constitutional strength.

I understand that Angela Babb is not a licensed medical doctor, psychologist, or healthcare provider, and this is not medical, mental, psychological, or therapeutic advice or treatment. The content provided is for informational and educational purposes only and is intended solely as a sharing of knowledge and information. It is not intended to diagnose, treat, cure, mitigate, or prevent any symptom, disease, or condition nor replace a one-on-one relationship with a qualified health professional. I assume full responsibility for how I choose to use this information. I know that I am responsible for my own health and above all the lifestyle choices I make.

*Releasing trapped emotions using The Emotion Code or any other type of Energy Healing, whether in person or by proxy, is not a substitute for medical care. Energy Healing promotes harmony and balance within, relieving stress and supporting the body's natural ability to heal itself. Energy Healing is widely recognized as a valuable and effective complement to conventional medical care.

*AO Scan Technology is intended for personal insight and wellness support only. It is not a medical device and does not diagnose, treat, cure, or prevent any disease or condition. It is designed to promote self-awareness through the exploration of frequency-based data and sound tools.

My signature below indicates that I have read and understood the above and the Terms and Conditions (www.faithnaturalwellness.com/terms-and-conditions), agree to abide by all terms stated, are legally capable of entering into this agreement, and hereby provide full consent for energy medicine and natural wellness services, which may or may not include bioresonance, homeopathy, suggested protocols, herbs/herbal products, muscle testing, emotional releases, suggested recommendations for natural wellness, frequencies, natural wellness treatment, and for me to pray for you. You acknowledge that some services provided are remote, energetic, and non-physical in nature, including frequency-based energetic work and proxy muscle testing or kinesiology techniques conducted within an energetic framework. You understand and agree that results vary by individual, no specific outcomes, emotional releases, or life changes are guaranteed, and the service is based on energetic and intuitive modalities that are not scientifically measurable in conventional terms.

All client information is kept confidential, unless required by law and/or there is a perceived risk of harm to self and/or others.

All payments/donations/gifts are final and non-refundable.

_____

Print Client Name

_____

Client Signature (circle one) Self Parent Legal Guardian

_____

Date