CLIENT REGISTRATION FOR HOMEOPATHIC SERVICES

Client Information		
Name:	_ Birth Date:	
Address:		
Relationship to responsible party:		
☐ Self ☐ Spouse/Partner ☐ Son ☐ Daughter	Other	
Responsible Party Information		
Name:	Birthdate:	
Address:	_ Home Phone:	
Employer:	Work Phone:	
Name of Spouse/Partner:		
I acknowledge that I am the responsible party for		and I understand
that payment of homeopathic services is due at time of service.		
Signature of responsible party	Date	
Emergency Contact Information		
Name:	Phone:	