



Holistic Questionnaire

Please Answer All Questions

If you are a Federal, State or Local agent, upon entering these premises you must declare same or under the Bivens Act, Article 42, be held personally and individually liable.

NAME _____ PHONE _____

E-MAIL _____

What is your preferred form of contact for reminders and messages? PHONE EMAIL

Date of Birth _____ GWC wants to celebrate YOU! 10% OFF SERVICES during the WEEK of your BIRTHDAY!!!

Marital Status ____ Sex ____ Number of children you have? ____ Women only: Pregnant? ____ Trimester? _____

Are you under a Doctor's care? ____ If so, please explain _____

List any surgeries you have had in the last six months _____

List all medications & supplements you now take regularly (including over the counter) _____

Please give details of any allergies you may have: _____

How did you hear about us? Yelp Facebook Twitter Google Instagram Friend _____

Please read below carefully before signing:

I have read the notice at the top and declare that I am not an agent.

Please initial: _____

SUPPLEMENTS: I take full responsibility for any products I purchase.

Please initial: _____

I have read and received a copy of the Notice Designed to Comply with the State of California Guidelines in The Business and Professions of the SB-577.

Please initial: _____

CANCELLATION POLICY: A FULL PAYMENT IS DUE FOR ANY CANCELLATION WITHIN 24-HOUR.

Please initial: _____

ALL SPECIAL PACKETS/DISCOUNTS/SERIES ARE NON-REFUNDABLE.

Please initial: _____

"The purpose of Gentle Wellness Center and all our staff is to provide services, products and offer information to clients. Our services, products and information are for vocational and advocational self-improvement. We do not intend to treat, diagnose, prescribe or cure. All procedures are directed towards the establishment of this goal."

Because you must be aware of any existing physical conditions that I may have, I have honestly answered all above questions and am not intentionally withholding information about my health. I will inform GWC of any changes in my physical health. I am agreeing to the office policies and procedures of Gentle Wellness Center.

Signature: _____ Date: _____