



Welcome to Secoya Health! Please take the time to complete the following information prior to your complimentary consultation at our clinic.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ How did you hear about our center? _____

Email: _____ Would you like to receive our newsletter? Y / N

What are your main health concerns and when did they start? Do you have a diagnosis?

What therapies have you tried in the past? Did they help?

Are you pregnant or nursing? Y / N

You are interested in the following:

- A complimentary consultation** to briefly discuss your concerns and natural care options.
- QNRT** explores the Brain / Body connections as it relates to emotional stress.
- Pulsed Magnetics** is designed to charge the body on a cellular level.
- Other:** _____

I understand that Secoya Health will not diagnose or treat illness during this appointment. By signing below, I fully acknowledge that I have read the above information and have answered the questions correctly to the best of my knowledge.

Signature _____ Date _____