

Name (Last, First): _____

D.O.B: _____

Address: _____

Primary phone: _____

Occupation: _____

Best phone: _____

Primary email: _____

Secondary email: _____

Who can I thank for your referral?

Primary health concern:

How long have you had this?

Types of modalities already tried / results?

Secondary health concern:

How long have you had this?

Types of modalities already tried / results?

Tertiary health concern:

How long have you had this?

Types of modalities already tried / results?

Any other concerns?

Have you ever been diagnosed with a mental illness? If yes and not yet detailed above, please explain what, when, for how long, and what have you done for that?

Please describe your diet:

Do you (yes/no; elaborate):

Smoke? _____

Exercise? _____

Drink alcohol? _____

Meditate? _____

Please describe your spiritual beliefs:

Please Describe Your Relationship Status (Current/Prior):

What is Your Intention for This and Future (if needed)
Sessions?

What makes you happy?

To achieve the best energetic connection, please

Option Upload a photo (JPEG, GIF, etc. - filesize under
B: 8Mb) and email back along with this form.

Newsletter Signup: Yes
No
Already on it

Disclaimer:

I certify that:

- I have read the disclaimer below;
- The above information is true, honest, and that nothing pertinent (e.g. mental diagnoses, etc.) has been omitted;
- That I am 18 years of age or older; (If the information entered above is for a minor, check here here to indicate such and that you as legal guardian approve of this and any follow up sessions.)

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alike. Neither MELINDA IVERSON INN, MELIDA INN, nor any associates thereof can be held liable in any way for the (mis)understanding or (mis)application of the concepts discussed, implied, demonstrated, or presented through the aforementioned and any other medium. By signing below, you are acknowledging that your answers above are true, that you are aware of the non-refundable and take full responsibility 48-hour cancellation policy, and have read and understand this disclaimer. It is always best to see your doctor.

Client name (print) _____

Date: _____

Electronic Client signature

Please fill out and email back to melinda@melindainn.com
Remember to include your photo. 😊

On the day and time of your appointment please call
(+1) 415-508-6847)