



Bear Necessities of Montpelier, LLC

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Montpelier, Idaho 83254

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www.bearnecessities.us

Client Information & Consent of Treatment Form

Client Name: _____ Mailing Address: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Age: _____ Date of Birth: _____ Are you, or could you be pregnant? Y N Due Date: _____

Emergency Contact Name: _____ Phone(s): _____

How did you hear about our business? _____

What is your major health concern today? _____

What illnesses are you currently diagnosed with? _____

What illnesses have you been diagnosed with in the past? _____

Have you ever been hospitalized? Y N If yes, please explain, including date: _____

Have you ever been treated by a chiropractor? Y N If yes, date of last treatment: _____

What is your current occupation? _____

What chemicals are you exposed to at work or home in your daily activities? _____

List all past occupations: _____

List any known allergies or sensitivities: _____

Do you smoke? Y N Do you drink alcohol? Y N Do you drink caffeinated drinks? Y N

What are your expectations for this visit? _____

List any childhood diseases: _____

Family history of health related concerns (arthritis, cancer diabetes, heart problems, high blood pressure, depression, etc.): _____

What medications are you currently taking?

Medication	How Much	How Often	For what condition
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-Continue on back if necessary-

CONSENT FOR TREATMENT

I, the undersigned, a client in this office hereby authorize June Marie Saxton, CNC (and whomever she may designate as her assistant) to administer treatment as necessary.

I also certify that no guarantee or assurance has been made to the results that may be attained. The MSAS PRO system is a device whose function is to assess the stress within the energy pathways of the body. It is not a diagnostic tool for disease identification. The MSAS PRO system can help restore functional health by recommending remedies that restore balance to affected energy paths. I also understand that the MSAS PRO system is not a diagnostic tool and is used as an assessment tool only. I will not hold Bear Necessities of Montpelier, LLC liable for any adverse affect on my health; nor will I hold Bear Necessities of Montpelier, LLC liable if I choose to go against my doctor's medical advice.

There are generally no risks associated with the substances recommended to bring your body into equilibrium as long as those substances are taken as recommended, but please report any discomfort you may experience.

I understand that I am responsible for payment of the normal fees and any remedies recommended as a result of the testing, if purchased in this office.

Client Signature: _____ Date: _____

Signature of parent or guardian if client is a minor: _____ Date: _____

Printed name of parent or guardian of minor: _____