



Bear Necessities of Montpelier, LLC

June Marie Saxton, CNC

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Client Information & Consent Form

Bio Energetic Testing/Sensitivity Screening/Nutritional Consultations

Please print clearly and fill in ALL that is applicable. Information is kept confidential.

Full Name: _____ Email Address: _____
 Street Address: _____ P.O. Box: _____
 Town/Community: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Age: _____ Birthday: _____ Spouse's Name: _____

How did you hear about our business? *(Please circle all that apply)*

Friend Family Member Advertisement Website Facebook Other

Health Information

What are health concerns you have today? _____

Are you currently diagnosed with any illness? *(Please Circle)* YES NO What? _____

Have you been diagnosed with a serious illness in the past? YES NO What? _____

Have you ever been hospitalized? YES NO Why/When? _____

Have you ever been treated by a Chiropractor? YES NO Date of last treatment? _____

What is your current occupation? _____

Please list previous occupations: _____

What chemicals are you exposed to at work or home regularly? _____

Please list known allergies: _____

Do you smoke? YES NO Do you drink alcohol? YES NO Do you drink caffeinated drinks? YES NO

Does your family have a history of health problems? *(ex, cancer, diabetes, depression, heart problems)*

List any childhood diseases: _____

Please list all medications you are currently taking and for what reason: _____

Consent of Treatment & Release of Liability

I, the undersigned, a client at **Bear Necessities of Montpelier, LLC** herby authorize **June Marie Saxton, CNC** *(and whomever she may designate as her assistant)* to give advice and make recommendations regarding my health and wellness. I also certify and fully understand that there is no guarantee or assurance made to the results that may be attained from this or any appointment. I understand that the MSAS Pro (or MSA 21) system is a device with the function to assess the stress within energy pathways of the body and is not a diagnostic tool. I understand that the MSAS Pro system is used as an assessment tool only, however, I also understand that it can help restore functional health by recommending remedies that restore balance to affected energy paths. I will not hold Bear Necessities of Montpelier LLC, June Marie Saxton CNC or any MSAS technician liable for any adverse affects to my health; nor will I hold Bear Necessities of Montpelier LLC, June Marie Saxton CNC, or any MSAS technician responsible if I choose to go against my doctor's medical advice. I understand that I am fully responsible for payment of the normal fees associated with my visit and any remedies recommended as a result of the testing if purchased in this office.

Client Signature: _____ Date: _____

Signature of Parent/Guardian if client is a minor: _____ Date: _____