

Lotus Homeopathy, Inc.

Client Information Form

Today's Date: _____
Name of Client: _____
Birthdate: _____
Sex: _____
Parent or Guardian if
client is under 18 _____
Social Security _____
Address: _____

Home Phone: _____
Work Phone: _____
E-Mail Address: _____
Where and How would
you like to be
contacted to be
reminded of your
appointment? _____

Emergency Contacts:
(At least one person who does not live with you.)

Name: _____
Address: _____
Phone: _____
Relationship: _____

Name: _____
Address: _____
Phone: _____
Relationship: _____