

# Lotus Homeopathy, Inc.

## Client Information Form

Today's Date: \_\_\_\_\_  
Name of Client: \_\_\_\_\_  
Birth date: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Parent or Guardian if  
client is under 18 \_\_\_\_\_  
Social Security \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell 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: \_\_\_\_\_  
\_\_\_\_\_