

## PERSONAL INFORMATION

Name:

Birthday:

Sex :

Marital Status:

Street Address:

City :

Zip:

### EMERGENCY INFORMATION

**Contact Name:**

Relationship:

Cell Phone:

**Contact 2 Name:**

Relationship:

Cell Phone:

I, Gayathri, working under the Bach Foundation Code of Practice. My role is to help teach you about Dr Bach's system of remedies and help you use them to help yourself.

Bach remedies aim to improve everyday emotional states. Taking them may in turn lead to other health benefits. They do not, however, replace direct medical or psychological treatment. You as a client have sole responsibility for seeking qualified help for any medical conditions, symptoms or other issues that might require qualified intervention.

Signature: Gayathri      Date: -----

I, ----- the undersigned have read the above information and confirm my understanding.

Signature:

Date:

(Parents/Guardians' Signature is required if under the age of 18)