Allyson Lange-Sost, L.Ac.
New Patient Information

Personal Information

This record will be used to aid us in providing the best treatment possible for you. It will be kept strictly CONFIDENTIAL. Please read carefully and print or write legibly.

Name_____

Parent Name (if patient is a minor) _____

Best Numbers to Contact You: Day: _____ Eve: _____

DOB_____ Age_____ Height _____ Weight _____

Address _____

Email Address _____

Occupation _____ Full Time/Part Time

Marital Status: Married / Single / Life Partner/ Divorced / Widowed

Any children? Ages? _____

Emergency Contact Person/Relationship/Phone #:

_____

Have you received Biomagnetic Therapy before? Yes/No

How did you hear about Allyson? _____

What are the main health problems/concerns for which you are seeking treatment?

What other forms of treatment have you sought?

I would like to know the potential pathogens found per BMP scan Yes/No

** Biomagnetic Therapy is not intended to diagnose or treat undocumented illness.**

By signing below, I confirm that I HAVE NOT undergone Radiation or Chemotherapy treatment and I give permission for treatment by Allyson Lange-Sost, L.Ac.

Patient Signature (Parent if patient is a minor) _____

Date _____

104 NW 5th Avenue
5th At Midtown
Tallahassee, FL 32303

221 Remington Ave
BreathEasy Massage & Reflexology
Thomasville, GA 31792

Cancellation Policy

Please arrive 5 to 10 minutes before your scheduled appointment. You may cancel your appointment without charge up to **24 hours in advance**. This gives us the opportunity to schedule another client for that appointment time. If you are unable to give us 24 hours notice, your card on file will be charged 50% of the session's value. If you do not show up for your appointment and fail to call you will be charged 50% for the missed appointment and full price for any missed appointments there after. We understand emergency situations occur, please let us know as soon as possible if you cannot make your appointment.

I understand and accept these terms: _____ Date: _____
(Client signature)

Print name: _____