

**Client Information Form for Judy Steele MTP**

**Today's date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Your primary purpose in coming to see me:**  
\_\_\_\_\_

**Other areas of concern:**  
\_\_\_\_\_

**What other types of practitioners are you seeing now?**  
\_\_\_\_\_

**What types of holistic/alternative/complementary health care have you experienced?**  
\_\_\_\_\_

**How were you referred to me?**  
\_\_\_\_\_

**Anything else I should know?**  
\_\_\_\_\_