



DepkeWellness
F E E L Y O U N G A G A I N

New Client Intake

Client Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Email Address _____

Would you like to receive the complimentary weekly Depke Wellness newsletter? Yes No

How did you hear about Depke Wellness?

What are your three main health concerns?

1. _____
2. _____
3. _____

Depke Wellness practitioners do not diagnose or treat disease. Rather Depke Wellness and all practitioners will aid in recognizing imbalances and include recommendations to shift to balance with the goal of allowing the body's own innate healing abilities to create wellness. This may be done through nutrition, GST, herbs, homeopathy, supplements, body work, Cranial Sacral Therapy, Endermologie or any other non-invasive techniques. I understand that it is my choice to follow any recommendations provided.

If I am unable to keep an appointment, I agree to cancel at least 24 hours in advance. Unless there is an illness or emergency, I agree to pay the full appointment fee. I understand all the information above, and I have completed this form to the best of my knowledge.

Client or Guardian

Signature _____ Date _____