

Date: \_\_\_\_\_



# WELCOME!

Welcome to The Wellness Garden and thank you for choosing us to be a part of your natural health team!

Please complete the following:

Name: \_\_\_\_\_  
                    First                    M.I.                    Last

What would you like the staff to call you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone#: \_\_\_\_\_ Can we text you? **Y** or **N**

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

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

Name of spouse (or parent if you are a minor) \_\_\_\_\_

Person responsible for account: \_\_\_\_\_

Who may we thank for referring you: \_\_\_\_\_

### **OUR PERSONAL CONCERN**

Our personal and professional concern is with just two things, **your health** and **our reputation**.  
Therefore, we accept only those as clients whom we believe we can help after The Wellness Garden  
evaluates your history and physical/laboratory findings to assure that  
natural care is the best possible treatment choice for supporting your body..

### **FEES PAYABLE WHEN SERVICE IS RECEIVED**