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Holistic Questionnaire

PLEASE PRINT AND ANSWER ALL QUESTIONS:

Date: ____/____/____

Name: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City _____ State _____ Zip _____

Email: _____ May we notify you of Specials by email?: _____

What is your preferred form of contact for reminders and messages? Landline: _____ Cell: _____ Email: _____

Do you give us permission to leave full messages on this number? (*stating the center's name and a brief message on why we are calling you?*)

YES _____ NO _____ If NO, by what means may we contact you? _____

Height: _____ Weight: _____ Birth Date: ____/____/____ Age: _____ (Women Only): Are you pregnant? _____

Occupation: _____ How Long? _____

How did you hear about us? •Referral (who) _____ • Publication _____ • Internet _____ • Social Media _____

Emergency Contact: _____ Relation: _____ Phone: _____

ARE YOU UNDER A MEDICAL PROVIDERS CARE? _____ Provider's Name: _____ Prescriptions? _____

List any surgeries you have had: _____

List all medications & supplements you now take regularly (including over the counter): _____

Please give details of any allergies you may have: _____

Are there any other detail that you feel should be mentioned about your health? If YES please explain: _____

I take full responsibility for any products I choose to try, to assist my health during or after any sessions. Please Initial: _____

All Special Packages- Discounts- Series are non-refundable and non-transferable. If approved, any refund for pre-paid services will incur a \$25.00 service fee.

Please Initial: _____

24-HOUR CANCELLATION POLICY:

I understand that 24-hour notice is required for all cancellations. I will pay in full for any late cancelled appointments. Please Initial: _____

“The purpose for Big Sky Cleansing Center is to provide services and offer information to clients. Our services and information are for the purpose of vocational and advocational self-improvement. All procedures are directed towards the establishment of this goal.”

I have honestly answered all above questions and am not intentionally withholding information about my health.

Signature: _____ Date: _____