



GLENYS ELDRED
MSc Holistic Health Coach
IAHC certified, AADP
Healer Counselor Cert. #1425

Name: _____

Date of Birth: ____ / ____ / ____ Age: ____ Gender: **M F NonBinary**

Address: _____ Phone: _____

_____ Cell #: _____

Email: _____ Skype ID: _____

Emergency Contact: _____ Phone: _____

About Yourself

Occupation: _____

Business Name: _____

Work Phone: _____

Work E-mail: _____

Appointment Purpose: _____

Other treatments tried: _____

Has it helped?: _____

Have you been treated for any health condition in the past 12 months?: **Y** **N**

If so, please give details: _____

Other Details

Blood Type: _____ Diet Type: _____

Detox Program: _____

Have you ever had Botox injections?: **Y** **N**

If so, please give details: _____

Have you been vaccinated against COVID19?: **Y** **N**

If so, please give details: _____

Manufacturer:

BioNTech/Pfizer Moderna AstraZeneca Johnson & Johnson Inovio Novavax



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Sessions

Bring an open mind and heart.

This is the time and place to allow for the possibility of the extraordinary and the potential for the impossible.

Crowd out the negative with the positive.

Happiness is a choice.

Skype: **Just.Glenys**

eMail: **glenys@justglenys.com**

Payment

Payment is due at the time of the session by check or by Paypal™ to: **glenyswellness@gmail.com**

Cancellations

Cancellations within 24hrs of the scheduled appointment will be billed at the full hourly rate unless other arrangements have been made

Referrals

Please enter the name of the person who referred you.

Ref. Name: _____

**Ticking this box
acknowledges
authorization to
facilitate
treatment**