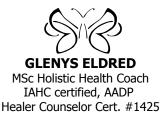
| S.S. |
|------------------------------|
| GLENYS ELDRED |
| MSc Holistic Health Coach |
| IAHC certified, AADP |
| Healer Counselor Cert. #1425 |

| Name: | |
|--|--|
| Date of Birth: / Age: Ge | ender: 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 T | ype: |
| Detox Program: | |
| Have you ever had Botox injections?: Y | |
| If so, please give details: | |
| Have you been vaccinated against COVID19?: | Y [] N [] |
| If so, please give details: | |
| Manufacturer: | AstraZeneca Johnson & Johnson Inovio Novavax |



SessionsBring 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

PaymentPayment 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

