

Horizons For Enhancement  
302 Plantation Dr. Suite A  
Lake Jackson, TX 77566  
Office: 979-297-8450 Cell: 979-824-3150 Fax: 979-297-0216  
Email: dlhrncir9@hotmail.com

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Referred By: \_\_\_\_\_

Prescriptions: \_\_\_\_\_

Daily Supplements: \_\_\_\_\_

Main Complaint: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For Women Only – Last Menus: Month      Year

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Please check all that applies:

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Yes, I am currently pregnant or trying for a pregnancy

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To the best of my knowledge, I am not pregnant or trying for a pregnancy

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Does not apply

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Circle the answer to the following questions, if you answer yes, please explain.

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Yes No Are you Diabetic?

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Yes No Have you ever been diagnosed with cancer?

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Yes No Do you have any areas of inflammation or stiffness?

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Yes No Do you have arthritis or joint pain?

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Yes No Do you have fatigue/tiredness?

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Yes No Do you have decrease in memory?

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Yes No Do you have high blood pressure?

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Yes No Do you have sinus problems?

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Yes No Do you have constipation/diarrhea?

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Yes No Do you have any edema/swelling?

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Yes No Do you have insomnia?

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Yes No Do you have skin allergies or problems?

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Yes No Do you have any heart palpitations/irregularities?

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Yes No Do you have any lung problems?

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Yes No Do you have mood swings/depression?

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Yes No Do you have problems concentrating?

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Yes No Have you had surgery in the last year?

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HORIZONS FOR ENHANCEMENT

Please read the following information and sign.

DISCLAIMER

As a client of Horizons For enhancement, I clearly understand that I am not being treated for any specific disease. I understand that the recommendation (consultation) received at this office is for the purpose of rebalancing both the physical and bio-electric reflexes of the body.

The nutritional supplements received at this office or recommended from this office are not drugs or medicines. They are special vitamins, amino acids, mineral food, herbs, or homeopathic complexes.

The Biotron or Asyra used at this office is only used to find decreased acupuncture control meridian points which may indicate a deficiency. This analysis is not and cannot be used to render a physical diagnose, nor is this analysis linked to any type of diagnosis.

As with all health care recommendations, a guarantee cannot be given that such recommendations will result in a restoration of health.

All supplements are tested for your individual energies. Any opened containers of supplements cannot be returned for refunds or credits.

I am not here on a mission of entrapment or as a representative of any state, federal or local authority.

I have read the disclaimer and understand that this is not a medical treatment and I have solicited this session in good faith. Therefore, in consideration of Horizons For Enhancement accepting me as a client, I release Deborah L. Hrcir LVN, and staff for any and all claims I may now have or in the future may have relating to my Bio-energetic screening session. This service and products Horizons For Enhancement offers are not intended to diagnose, treat, cure, or prevent any disease, and our suggestions are not intended as a substitute for consulting with your physician.

I have read the above paragraphs and understand them fully.

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Signature

Date

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Print Name