

**Christopher & Debbie Sembera, DBE**  
**Natural Health Consulting**  
**190 Saddle Bridge Dr.**  
**Alpharetta, GA 30022**  
**404-202-1832, 404-353-8371**

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

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex:  Male  Female Marital Status:  Married  Single  Divorced  Widowed

Address: \_\_\_\_\_

City, State, Zipcode, Email

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Referred to clinic by: \_\_\_\_\_

List any doctor you have seen for your present condition: \_\_\_\_\_

Have you sought care for a health condition in the past year?  Yes  No

If yes, what condition? \_\_\_\_\_

What treatment was administered? \_\_\_\_\_

List any medications or supplements you are currently taking:

What would you like to improve about your current health condition?

The MSA-Pro is a device whose function is to assess stress within the energy pathways of the body. It is not a diagnostic tool for disease identification. The MSA-Pro can help restore functional health by recommending remedies that restore balance to affected energy paths.

We do not diagnose or treat. We do not want to replace your medical doctor or medical treatments.

Payment in full is expected at time of service.

I understand that the MSA-Pro is not a diagnostic tool and is used as an assessment tool only. I will not hold Natural Health Consulting liable for any adverse effect on my health; nor will I hold Natural Health Consulting liable if I choose to go against my doctor's medical advice. This applies to any of the services offered by Natural Health Consulting.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_