



# Balance & Bliss™, Inc.

## Ayurvedic Lifestyle Center

### Client Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (fax) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Significant Other \_\_\_\_\_ Divorced \_\_\_\_\_

Referred By \_\_\_\_\_ Primary Caregiver \_\_\_\_\_

Contact In Case of Emergency:

Name & Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Reason for Consultation

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Matters of Concern to be addressed and How Long they have bothered you

1. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_ How Long? \_\_\_\_\_

DENISE O'DUNN, RYT500

Certified Ayurvedic Practitioner and Yoga Instructor

PHONE: 727.823.8743 FAX: 727.820.0486

EMAIL: [enjoyoga.om@gte.net](mailto:enjoyoga.om@gte.net) WEB: [balanceandbliss.com](http://balanceandbliss.com)