



**1210 Moore Lake Drive East ◦ Fridley, MN 55432**

**Electro-Dermal Screening**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**Occupation:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Home Phone:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **Cell Phone:** \_\_\_ - \_\_\_ - \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Who referred you?** \_\_\_\_\_

<b>Current List of Supplements:</b>   	<b>Current List of Medications:</b>   
<b>Previous surgeries or injuries?</b>   	<b>Illnesses and ailments (chronic &amp; current)</b>   

While this tool provides a great overall picture of the body, it does not replace other necessary diagnostic tests or treatments. In fact, you may be encouraged by your practitioner to seek additional care due to your presenting symptoms or due to the findings of your EDS screening.

If for whatever reason you need to cancel or reschedule, please do so at least 24 hours prior to your appointment. Otherwise, a cancellation fee will apply, since we could otherwise offer that appointment to another person in need of assistance. We look forward to being a part of your path to wellness!

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_