Client Intake Form

Please complete the following information prior to your session. Our device locates your unique energy frequency using this specific information. All data is kept strictly confidential.

Please send your completed form to bill@yourplanetbioscan.com.

First Name:

Middle Name:

Maiden Name (if applicable):

Last Name:

Address:

City:

State:

Zip:

Telephone Number:

E-Mail:

Date of Birth (including year):

City and State of Birth:

Country of Birth (if not USA):

Do you have a pacemaker?

If female, are you pregnant?

What is the main goal you wish to achieve via your quantum energy work sessions ith Planet BioScan?