

## General Client Information

Date					
Name	Middle	Last		_	
Preferred Name			nt's name:_	Mother and Father's N	ame
Address	City		State	Zip	
Cell Phone	Home Phone		Work	Phone	
Email	Date of Birth	Age .		Place of Birth	
Best Time To Reach You:	Morning Aftern	oon Evening	<b>T</b>		
Best Place To Reach You:	Cell Home	Work	Sex:	Male Female	
Status: Married Separ	ated Divorced	Widowed	Single	Partnered	Minor
Occupation:	Employe	r/School:			
Genetic Background (Please che African American Native American Please list your <b>highest</b> level of	Hispanic Caucasian	Medite	erranean ern Europe		
High School GEI	) Vocationa	al School			
College Graduate School Professional School		_ Major		Year _	
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Did you have any learning problems?	Yes	No	If Yes, describe				
How did you hear of Dr. Candy Lewis?	Website	Frie	ends/Family Other				
Whom may we thank for referring you?							
Has any other family member already been seen as a client of Dr. Lewis? Yes No							
Spouse's Name Sp	Spouse's Occupation						
IN CASE OF EMERGENCY who should we contact?			Relationship?				
Cell Phone Ho	Home Phone		Work Phone				

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