



*in Ink, Print
your First & Last Name* --->

Name: _____

Mailing Address: _____

Phone: _____ **Email:** _____

Date of Birth: ____ / ____ / _____

Treatment is constructed from the information you provide. List **3 main issues**, symptoms or conditions you want to work on. They can be physical, emotional, mental or energetic in nature.

On a separate sheet, list your medical history and notable life events (*accident, illness, surgery, diagnosis, trauma*). It's helpful to have a full picture of your health history, even if it no longer affects your health. Please don't write on the back of this form.

When I receive your form & payment, we'll arrange a video call appointment (*Messenger, What's App, Signal*). Your Radionics readings and analysis will determine what gets prioritized in your treatment. I'll do the analysis & construct your treatment as we chat. Afterwards, I'll email your treatment notes, and mail your remedies the next day.

1. _____
2. _____
3. _____

Radionics works with bio-energy, not bio-substance. The readings & treatment are energetic. They are not meant to be a substitute for medical tests, medication or a doctor's care.

Return to:

**Peter Tamm
200 Unity Lane, #301
Columbus, NC 28722**