



*in ink, print 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*). Please don't write on the back of this form. It's helpful to have a full picture of your health history even if you feel it no longer affects your health.

When I receive your form & payment, we'll arrange a video call appointment (*What's App, Skype, Signal, Facebook Messenger, FaceTime*). Your Radionics readings and analysis will determine what gets prioritized for your treatment. I'll do the analysis & construct your treatment as we chat. I'll then email your notes and send your remedies as soon as possible.

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**  
**162 Rumbough Place**  
**Asheville, NC 28806-2525**