



CLIENT INTAKE FORM

DEMOGRAPHICS – Please fill out this section for a no-obligation Sauna Detoxification Consultation:					
Name:		Cell Phone: Text & VM Okay? Y / N		Work Phone: Voicemail Okay? Y / N	
Home Address:		City:		State:	Zip:
Email: Would you like to opt in to our mailing list? Y / N		Date of Birth:	Age:	Occupation:	
How did you hear about us?		What motivated you to contact us?*			
Emergency Contact:		Emergency Contact Relationship:		Emergency Contact Phone:	
Best Time to Call:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Physical Activity Self-Assessment: <input type="checkbox"/> Little/None <input type="checkbox"/> Moderate <input type="checkbox"/> Regular <input type="checkbox"/> High	
SERVICES REQUESTED:					
1.	2-Week Detoxination™ Wellness Program				\$
2.	ToxyScreen Oral Fluid Test (OFT) toxin & heavy metal testing (Pre- and Post-Detoxination™)				\$
3.	Instant Drug Tests – includes THC, Opiates, PCP, Cocaine & Amphetamines (Up to 3 tests)				\$
4.	I.Q. Tests (Pre- and Post-Detoxination™)				\$
5.	Ketogenic Diet Consultation and Plan				\$
Total Detoxination™ Services:					\$
METHOD OF PAYMENT:					
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Debit Card <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Care Credit (Request application, if needed)					
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover				Credit/Debit Card Number:	
Name as Printed on Credit/Debit Card:			Expiration Date:		3-digit CVV:
Credit/Debit Billing Address	Address:				
	City:		State:	Zip:	
I authorized Sabre Hawk, LLC dba Detoxination Wellness Centers to charge my Credit/Debit Card these amounts:					Deposit:
_____ Signature of Cardholder _____ Date					\$
					Balance on _____:
					\$

After you have completed the Demographics section, please email form to info@GetDetoxinated.com or fax to 916-469-9814. We will send you an informational email with an attached Confidential Health Questionnaire & Symptoms Survey. Once this completed form is received, we will call to schedule your free, no obligation consultation (via phone, Skype, or in person) to review your responses and answer any questions you may have.

*If you have any known chemical exposures, you may need our 30-day (on average), medically supervised Detoxination™ protocol administered by Sacramento Medical Group, PC. Based on your Health Questionnaire & Symptoms Survey, we will advise you on the best Detoxination™ Program for your needs.