Rev. Joseph M Allen
PO Box 5262 ◆ Asheville ◆ North Carolina, 28813
Tel: 828-318-5204 ◆ Fax: 270-633-9805 ◆ www.TigersEyeDowsing.com
Joseph@TheSea.com

New Client Registration

How would you like to be addressed? _____DOB: _____ Age: _____

Last Name: _____ First: _____ Middle: _____

Address: _____

_____

Home Phone: _____ Work Phone: _____ May I call? When? _____

If Child, Parent's Name: _____ Client's Address, If Different: _____

Spouse's Name: _____ Spouse's Work Number: _____

Emergency Contact: _____
Name Phone Relationship

Who Referred You? _____

Name of Physicians & Health Care Providers – Alternative and Conventional	**Specialty**	**Address**	**Phone Number**

Financial Policy

Joseph does **not** participate with insurance plans. Full payment is expected at time of service by cash, check, or money order. Any unpaid balances are dues within 30 days of treatment.

Treatment Policy

I understand that Joseph is not my primary care provider. I also understand that Joseph is not a physician or psychologist, nor is he representing himself as one. I agree to receive alternative treatment on a metaphysical/spiritual basis. I will not go against the wishes of my primary health care provider.

By signing below I confirm that I have completed the above accurately and have read and understand the financial & treatment policy.

_____ _____
Signature of Client/Legally Responsible Party Date