Katina I. Makris, CCH, CIH 1111 SW 1st Ave., #3217 Miami, FL 33130 603-562-5887

KatinaMakris32@gmail.com

Client name:			
Address:			
Telephone: Home:		Cell:	
Email:			
Date of birth:			
Gender:	female:		male:
Date symptoms began:			
Primary complaint/symptoms:			
Previous treatments/modalities used:			

Current medications/supplements:
Other significant information:
Your objective:
Other:
See consultation fee schedule regarding payment in advance of appointment.