

**The Light House**

**CLIENT DETAILS**

*Confidential*

SURNAME.....FIRST NAME .....

ADDRESS..... DATE OF BIRTH.....

SUBURB.....POSTCODE.....  
.....

PHONE.....CELL..... [ ] Contact by text

EMAIL.....[ ] Get Newsletter

**Please tell us about your concerns**

***I UNDERSTAND THAT THE LIGHT HOUSE DOES NOT PROVIDE MEDICAL SERVICES***

**Sign.....Date.....**

[https://www.thelighthouse.co.nz/images/pdf/Homeopathy\\_Client\\_Details-Sep21.pdf](https://www.thelighthouse.co.nz/images/pdf/Homeopathy_Client_Details-Sep21.pdf)