

Personal Energy Analysis Order Form

Please send Energy Analysis with information as requested for the following people:
(All information provided will be kept strictly confidential)

(PLEASE PRINT)

Person # ___: NAME: Dr. Mr. Miss Mrs. Ms. _____ SEX: M F
First Last

ADDRESS: _____ PHONE: (____) _____
Number Street Apt. #
City State/Province Postal/Zip Code Country

E-MAIL ADDRESS: _____

LOCATION OF BIRTH: _____
City (or nearest city) State/Province Country

DATE OF BIRTH: _____ Western (solar) Calendar Chinese (lunar) Calendar
Month Day Year

TIME OF BIRTH: _____ AM PM Exact Approximate Unavailable

THE ABOVE TIME IS: Local Standard Time Local Daylight Savings Time Don't Know
 As it appears on my birth certificate I have adjusted it one hour back to Standard

NOTE: The more accurate your time of birth, the more accurate the results. However, even if the time is unavailable an analysis and diet is still possible, and the more you can tell us about your health symptoms the more helpful it will be.

REQUEST: Energy Analysis & Diet Relationship Compatibility with Person # ___

TYPE OF RELATIONSHIP: _____
Please include details of relationship difficulties, if any, on a separate sheet.

HEALTH PROBLEMS: _____

Use separate sheet if necessary. Include any chronic symptoms, emotional or physical, such as anxiety, fear, depression, anger, impatience, constipation, backaches, headaches, frequent colds, digestive problems etc.

HOW DID YOU HEAR ABOUT ENERGY ANALYSIS? _____

ENERGY ANALYSIS & DIET: \$240.00 per person \$ _____

Our recommendations apply for your whole lifetime. You may contact us at any future time with questions.

RELATIONSHIP COMPATIBILITY between two people: \$85.00 per couple \$ _____

Provides details of energy harmony or conflict between two people including sexual compatibility.

Credit Card: Visa Mastercard Discover Total \$ _____

Account Number: _____

Exp. Date: _____ Card holder name (please print): _____

Card holder signature: _____

Address where you receive card bills: _____

Orders paid by credit card may be submitted by fax.

Personal checks must be drawn on a U.S. bank. Canadian and foreign orders must be paid by credit card, or in U.S. dollar money orders or bank drafts.

Make check or money order payable to: **Grace C. Pattugalan**

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