



*in Ink, Print* --->  
*your First & Last Name*

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Treatment is constructed from the information you provide. List **3 main issues**, symptoms or conditions you want to work on. They can be physical, emotional, mental or energetic in nature.

**On a separate sheet, list your medical history and notable life events** (*accident, illness, surgery, diagnosis, trauma*). It's helpful to have a full picture of your health history, even if it no longer affects your health. Please don't write on the back of this form.

When I receive your form & payment, we'll arrange a video call appointment (*Messenger, What's App, Signal*). Your Radionics readings and analysis will determine what gets prioritized in your treatment. I'll do the analysis & construct your treatment as we chat. Afterwards, I'll email your treatment notes, and mail your remedies the next day.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Radionics works with bio-energy, not bio-substance. The readings & treatment are energetic. They are not meant to be a substitute for medical tests, medication or a doctor's care.*

**Return to:** **Peter Tamm**  
**200 Unity Lane, #200-301**  
**Columbus, NC 28722**