See Your Aura

360° Biofield Visualization

Client Intake Form

Please fill out this entire form and email it, together with your head-to-toe photo, to info@bioresonancescans.com. If typing into a PDF is awkward on your phone, you can skip this form instead and reply to your order email with all of your answers numbered 1–13, along with your photo.

About you

1. Full name

2. Email address

3. Phone number (please include your country code)

4. Country and city

5. Date of birth

6. Place of birth

7. Blood type (optional — only if you know it)

Your scan

8. What is the main reason you are ordering this scan, and what do you hope to understand or improve?

9. How long has this been on your mind? (days, weeks, months, or years)

10. How would you describe your current state of health and energy right now?

11. Is there anything specific — physical, emotional, or energetic — you would like me to focus on?

12. Is there anything else you would like me to know?

Safety confirmation

13. A scan cannot be done for anyone who is pregnant, has a pacemaker, or has ever had a stroke or seizure, even once or long ago. Please confirm that none of these apply to you. If you have electromagnetic sensitivity or metal in your body (not including dental metal or an IUD), please describe it here so we can talk first.

Consent

I understand this is a complementary wellness service, not a medical diagnosis or treatment, and I agree that my typed full name serves as my signature.

Full name

Date