



Oriental Medicine and Health Services

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Student Information Form

Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Occupation _____

Email Address _____ Date of Birth _____

Person responsible for your account _____

Emergency Contact Person _____

Emergency Contact Telephone Number _____

How did you find out about OMHS? _____

Which class(es) are you joining? T'ai Chi Qigong Both

What are your goals in relation to the class(es)? _____

Printed Name of Student

Signature of Student or Personal Representative

Date

Description of Personal Representative's Authority