

## New Client Form

<b><i>Date</i></b>	
<b><i>Client's full name</i></b>	
<b><i>gender</i></b>	
<b><i>date of birth</i></b>	
<b><i>full address</i></b>	
<b><i>entry code</i></b>	
<b><i>phone number</i></b>	
<b><i>e-mail</i></b>	
<b><i>type of diet, restrictions (if any)</i></b>	
<b><i>Type of order (frozen/ hot Chinese/hot Western</i></b>	
<b><i>Start date / Schedule</i></b>	
<b><i>Payment method</i></b>	
<b><i>1 contact persons' name and phone number</i></b>	
<b><i>2 contact persons' name and phone number</i></b>	
<b><i>How did you learned about the program</i></b>	
<b><i>Would you like to receive a wellness calls regularly?</i></b>	