



Name: _____

Address: _____

Primary phone # _____ OK to leave a message? YES NO

Email _____

Preferred method of communication: Email Mail Text Voice message

Birthday: _____ Age: _____ Gender: M F

Relationship status: _____ Occupation: _____

How would you describe your overall health: _____

Are you currently taking any medication: _____

Please list any supplements: _____

List any health concerns or diagnosis: _____

List any surgeries: _____

Any allergies: _____

Have you ever been treated for: Diabetes Epilepsy Heart disease

Any current injuries or problems: _____

How would you rate your general stress level? _____

Do you smoke YES NO Do you drink caffeine YES NO Are you pregnant: YES NO

How often do you exercise: _____

What do you do for exercise: _____

Do you have any fears or phobias: _____

Have you ever received any form of Life coaching? YES NO

Have you ever been Hypnotized: YES NO

Have you ever received aromatherapy: YES NO

Please describe the nature of the problem you are seeking treatment for today: _____

What treatment have you received in the past for this condition: _____

What is your goal for today's session: _____

What long-term expectations do you have from working with our clinic? _____

What expectations do you have of us personally as your provider? _____

On a scale of 1-10 (10 being 100% committed), please rate your level of commitment to making the changes you desire in your life?

1 2 3 4 5 6 7 8 9 10

What behaviors or lifestyle habits do you currently engage in that you believe support your desired goals?

What behaviors or lifestyle habits do you currently engage in that you believe undermine your goals?

What potential obstacles do you foresee in reaching your goals? _____

Who do you have supporting you in making these beneficial lifestyle changes?

How did you hear about us: Radio Friend TV Internet Newspaper _____

I have provided all information truthfully and to the best of my ability. If I have any questions I will ask the practitioner prior to the start of treatment. I understand I am consenting to receiving treatment today through guided relaxation/Hypnotherapy, hands on healing/Reiki, Life coaching and/or Aromatherapy. I will follow all safety precautions provided to me following any treatment, being gentle with myself and allowing time for healing after a treatment. After treatment I will follow up with the practitioner as advised and will contact them with any further questions or concerns. I am aware I am solely responsible for changes made to my health regimen and I take full responsibility to do so in a well-educated manor. Finally, I am aware this is not considered medical treatment and I will seek the advice of a health practitioner, Naturopath, medical doctor or hospital for any changes in my medications or physical well-being.

I understand the office cancelation policy that requires a 24hrs notice prior to any appointment avoid being charged for a full session. I will honor the allotted time scheduled for our appointment by being on time, fully present and free from outside distractions during the session. I understand payment is due at the time of services rendered and are nonrefundable.

As your practitioner anything said with in our sessions will be held in strict confidence with the exception of harm coming to you or another being. During our time, whether in person, or via other means you are in a safe, trusted and neutral space. Nothing ever discussed within our session will ever be repeated or shared without your written consent within all applicable laws. In between sessions, if I am not instantly available, I will do my best to respond/connect with you within in 24-48 hours.

All records will be kept confidentially within the legal requirements.

Signature: _____

Date: _____