Integrative Natural Wellness Associates LLC

Date:

NEW CLIENT INTAKE FORM

Please complete this form (ALL INFORMATION IS STRICTLY CONFIDENTIAL) Please PRINT

Last Name | First Name | Middle Initial

Street Address

City | State | Zip Code

Work Phone # | Home Phone # | Fax #

SS# (Only needed if medical transcripts are needed) | Birth Date | Email Address

Sex: ❑M ❑F Marital Status: ❑ Married ❑ Single ❑ Divorced ❑ Separated # of Children: _____

Spouse's Name | Your Occupation

Physician's Name | Physician's Town and Phone Number (if known)

Emergency Contact Person: _____ Relation:_____ Phone #: _____

List your three favorite places in order of preference

1. _____
2. _____
3. _____

List your three favorite colors in order of preference

1. _____
2. _____
3. _____

List any fears or phobias

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

MEDICAL HISTORY

Were you referred by a doctor? ❑ Yes ❑ No If Yes, must have written referral. Blood Type: _____

List Any Diseases / Allergies

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Had Surgery in the past 2 years? Yes No If Yes, specifiy: _____

Current Medications: _____

Habits: ❑ Alcohol ❑ Tobacco ❑ Coffee/Tea ❑ Special Diet ❑ Other: _____

Have you ever been treated for: ❑ Diabetes ❑ Epilepsy ❑Heart Disorder ❑ Digestive Problems

Religious/Spiritual Background/Orientation:_____

What do you want to accomplish?

_____

_____

Have you ever been hypnotized before? ❑ Yes ❑ No If Yes, please explain:

_____

RELEASE STATEMENTS

(The name "Integrative Natural Wellness Associates, LLC" repesents the company and any personnel of the company.)

1. I am willing to be guided through relaxation, visual imagery, creative visualization, hypnosis, and stress reduction processes and techniques for the purpose of vocational or avocational self-improvement. I understand that the hypnosis or any of the modalities I am receiving is not a subsitute for normal medical care and I have been advised to discuss this hypnosis or other modalities used with any doctor who is taking care of me now and in the future. Additionally, I should continue any present medical treatment and consult my regular medical doctor for treatment of any new or old illnesses.

_____ _____

Signature Date

2. I hereby authorize Integrative Natural Wellness Associates, LLC to hypnotize me or use other wellness techniqes provided by Integrative Natural Wellness Associates, LLC for the purposes outlined in this form and for future purposes that I may request. I understand that the success of my hypnosis depends greatly on my own ability and desire to affect change in myself. I understand that because the results of my session(s) depends greatly on my own participation that Integrative Natural Wellness Associates, LLC cannot offer any guarantee of the success of treatment. I am aware, however, that Integrative Natural Wellness Associates, LLC will do everything in their power to ensure my success. I also understand that I have other choices from which to seek assistance regarding my specifc concerns, and I have chosen the modalities offered at Integrative Natural Wellness Associates, LLC at this time. I have chosen these modalities by my own freewill and I will in no way hold Integrative Natural Wellness Associates, LLC liable for any services rendered and the results thereof.

_____ _____

Signature Date

3. I understand that during the session, Integrative Natural Wellness Associates, LLC may be required to touch body points that are necessary to perform certain techniques (i.e. TBM, Reiki, Octoenergetics, EFT, pressure points, meridian points, Psysomatic Kinesiology etc.). I understand that I will always be asked for permission before any technique requiring touch is used. However, I understand that for Integrative Natural Wellness Associates, LLC to perform wellness techniques, touch is required and refusal to allow touch will limit the ability of Integrative Natural Wellness Associates, LLC to assist me in wellness. Integrative Natural Wellness Associates, LLC has demonstrated to me such touch (or will do so at the first session prior to any wellness techniques and with my consent) and I hereby give my permission for such touch to take place during the session.

_____ _____

Signature Date