www.wellness-pursuits.com

CLIENT HISTORY FORM

Today's date: _____

Your name _____ Age _____ Birthdate _____

Address_____

Current Occupation _____

How did you find me?_____

Email _____Phone (preferred contact)_____

Would you like to be added to my email list? Y/N (if yes, you will need to confirm via email)

Would you like to be added to text list for class changes & updates? Y/N (if so include cell #)

_____

Confidentiality Agreement:

Client Records, health history, current health status, and treatments maintained by this wellness practitioner are confidential and will not be disclosed without written consent.

Yvette Ladd of Wellness Pursuits offers a variety of complimentary healing modalities. I, the undersigned, understand that these sessions are not a substitute for medical or psychological diagnosis or treatment, nor should they interfere with the diagnosis and treatment of licensed medical practitioners. I understand that by signing below I consent to the release of my health history to Yvette Ladd for the purpose of my therapy only.

Signature: _____ Date: _____

Please help me learn more about you:

In what ways do you pay attention to your body? Do you receive any type of bodywork? (I.e.: massage, acupuncture, PT, etc.…) Do you exercise or do yoga? Do you practice meditation (concentration/awareness) or breath work regularly?

_____

_____

_____

If faith, religion, and/or spirituality are important in your life and are important to the work we do together, how do you refer to this? (God, Higher Spirit, Soul, etc…)

Briefly outline your personal support system as it looks today (i.e., family, friends, spiritual community, health care providers, groups):

What life change(s) do you wish to focus on during your sessions?

In what ways is the desire for this change showing up in your life today? (Consider these areas: physical, mental, emotional, spiritual, relationship, social, work, etc…)

Can you imagine this change becoming a reality in your life?

What might make this change difficult to make?

What might make this change easy to make?

What other concerns do you have about making this change? _____

_____

_____

_____

_____

Medical information

Please read and initial after each statement:

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in sessions and workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in these activities. (Doctor's release may be required for certain programs/activities). _____.

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the sessions/classes and workshops. _____.

I agree to inform my instructor/teacher of any physical limitations, physical discomfort and/or injuries before or during sessions, and I take full responsibility for nondisclosure. _____.

Please note any prescription or non-prescription medication or supplements that you take on a regular basis: (Use extra paper if needed)

_____

_____

Please note any drug sensitivity and allergies (describe):

_____

List any history of surgeries, major illness, chronic conditions, accidents, injuries, or anything else that I should be aware of when working with you.

_____ Date _____

_____ Date _____

_____ Date _____

Check any condition that applies to you. Feel free to write more below the section if needed

_____ Addiction Recovery
_____ AIDS
_____ Arthritis
_____ Asthma
_____ Bulging or herniated disc
_____ Chronic Fatigue Syndrome
_____ Degenerative disc disease
_____ Depression
_____ Eating disorder
_____ Emphysema or breathing problem
_____ Fibromyalgia
_____ Fatigue
_____ Fused vertebrae
_____ Heart condition
_____ Hernia
_____ High blood pressure
_____ Hepatitis
_____ History of physical, sexual, emotional abuse
_____ Low blood pressure
_____ Menopause
_____ Multiple sclerosis
_____ Osteoporosis
_____ Pregnancy

Please note any other conditions or health concerns not included

_____

_____

Please specifically note any medical conditions for which you have been treated within the last 2 years:

_____

_____

Is there anything else you would like me to know about you before we start our work?

_____

_____

Yours to keep:

- **Wear comfortable clothing.**
- **Empty your bladder prior to sessions.**
- **It is best not to eat a large or heavy meal at least 2 hours prior to sessions- a light snack is OK.**
- **Please turn your cell phone to vibrate or off and minimize any potential distractions or interruptions during our time.**
- ***Always* honor your body and how you're feeling on a particular day. If something doesn't work for you tell me. We can modify to suit your current condition.**
- **Feel free to ask for special accommodations in your session. For example, previous clients have asked for aromatherapy, music, or special readings.**
- **Bring water and a journal to your sessions.**