



New Client Form

All information shared is valued, appreciated and confidential! Thank you!

Full name and preferred name	
Email:	
Phone:	
Date of Birth:	
Current and if applicable past occupation:	
Relationship status:	
Emergency contact name and number:	
Describe any significant past history concerning your physical body: (include any accidents, medical intervention, medication, symptoms, toxin or drug exposure, if you have ever been unconscious)	
Describe any significant past history concerning your mental and emotional life: (include any major life stresses, traumas or events, as well as any medications or mental & emotional symptoms)	
How is your mental and emotional life presently? (please include any current mental health challenges, diagnoses and medications)	
Do you take any medication or supplements?	
Do you smoke and-or consume alcohol?	
Do you or have you used recreational drugs?	





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What type of practitioners and health care providers have you consulted in the past and how helpful have they been?	
Who do you have on your health team presently, and how long have you been seeing them?	
Is there any other information that may be relevant to your care that has not been covered?	
Do you consent to receiving a treatment in the form of Spinal Energetics?	

Upon consenting, I acknowledge that I will be engaging in a session(s) of Spinal Energetics and confirm that I am of an appropriate level of health to do so, and will inform the practitioner prior to each session of any relevant and-or essential health information.

Upon consenting, I acknowledge that the practitioner has provided myself with information (verbal and-or in writing) that details what to expect during and after a session of Spinal Energetics.

Upon consenting, I acknowledge that Spinal Energetics can be cathartic, emotional and physical in experience and understand that touch is made where necessary to help facilitate the release and unravelling of tension in the nervous system.

Upon consenting, I acknowledge that Spinal Energetics session(s) can result in an increase in discomfort and-or symptoms such as, headaches, increased muscle soreness, stiffness, changes of mood, feeling fatigued, toxin release et cetera. Upon consenting I agree to the practitioners terms and conditions of fees, rules and regulations.

