

Gabriele

Child's information records

Child's name:

Name: _____

Date of birth: _____ Age: _____

Address: _____

Mother/Guardian Name: _____

Address: _____

Mobile: _____

Father/Guardian Name: _____

Address: _____

Mobile: _____

Is your child on any medication: _____

What is you child here for today: _____

Please circle if your child is affected by the following OR If your child has had any of the following in the last 12 months. If yes please provide further information below:

Asthma ~ Sinus ~ Cardiac problems ~ Allergies ~ Car accident ~ Spinal disorder ~ Cancer ~ Depression/Anxiety ~ Illness ~ Surgery ~ Migraine ~ Covid ~ Loss of a family member or other:

Does your child have any of the following implants/ conditions:

| | | |
|--|-----|----|
| Cardio Stimulator (pacemaker) | yes | no |
| Deep Brain Implants and other electrical implants: | yes | no |
| Mental disorders of a severe nature: | yes | no |
| Cardiac Fibrillation: | yes | no |
| Metal implants: | yes | no |
| Cognitive Implants: | yes | no |

For children to get the full benefit of Sandplay therapy it is recommended to commit your child for 6 sessions. It will allow the child to go on a journey of self-discovery without interruption.

Disclaimer : Please read carefully and sign

I attest that the information I have provided is true and complete to the best of my knowledge. I agree to keep the practitioner updated as to any changes in my child's medical profile, and understand that there shall be no liability on the practitioner's part should I fail to do so.

I understand that the services offered are not a substitute for medical care and any information provided by the therapist is for educational purposes only and not diagnostically prescriptive in nature.

I understand that the information herein is to aid the Practitioner in giving better service and is completely confidential.

I understand that I am responsible for any charges incurred by me today.

Appointments run as scheduled. LATE arrivals will have their appointment time reduced accordingly.

I fully understand and agree to the above policies.

I hereby authorise Gabriele to provide my child with balancing sessions and or Sandplay sessions.

Parent/Guardian Signature : _____ Date: _____

