

New Client Form

1. Personal Information

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Gender: _____

Phone Number: _____

Email Address: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Emergency Contact: _____

2. Health Information

Primary Reason for Visit: _____

Are you currently under the care of a medical professional? ☐ Yes ☐ No

If yes, please provide their name and contact information:

Please list any diagnosed medical conditions:

Please list any current medications or supplements you are taking:

Do you have any allergies (medication, food, environmental, etc.)?

3. Lifestyle and Wellness

Do you engage in regular physical activity? ☐ Yes ☐ No

If yes, please describe: _____

How would you describe your diet and nutrition?

How many hours of sleep do you typically get per night? _____

Do you use tobacco, alcohol, or recreational drugs? ☐ Yes ☐ No

If yes, please specify: _____

What do you do to manage stress?

4. Interest in Holistic Services

Please indicate which services you are interested in (check all that apply):

☐ Reiki

☐ Holistic Counselling

☐ Meditation & Mindfulness

☐ Hypnosis

☐ Energy Healing

☐ Art or Creative Therapies

☐ Other (please specify): _____

5. Consent and Agreement

I acknowledge that the information provided is accurate to the best of my knowledge. I understand that holistic health services provided at The Bridge Hub Collective are complementary in nature and are not a substitute for medical diagnosis or treatment. I agree to take full responsibility for my health and wellbeing.

Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____