

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: _____