

# THE HEALING GARDEN OF DESTINY

Date: \_\_\_\_\_

FULL Wholistic Wellness & Movement Matrix Intake

## 1. Personal & Contact Information

Full Name: \_\_\_\_\_

Age / Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone & Relationship: \_\_\_\_\_

Primary Physician (PCP): \_\_\_\_\_

Referral Source: \_\_\_\_\_

## 2. Clinical & Medical History

Primary Reason for Visit: \_\_\_\_\_

Current Medications (Dosage/Frequency):

Supplements, Vitamins, Herbs & Homeopathy:

Past Surgeries (Type & Approximate Date):

What have you tried for relief previously? (PT, Chiro, Acupuncture, etc.)

## 3. Lifestyle & Matrix Assessment

Occupation / Type of Daily Movement: \_\_\_\_\_

Daily Stress Level

(1-10): \_\_\_\_\_

Where in your life or body do you feel "stuck" or restricted?

### PROFESSIONAL ZERO-TOLERANCE POLICY

This is a clinical environment. We do not provide "pamper spa" services. There is a **strict zero-tolerance policy** for illicit or sexual behavior/comments. Violations result in immediate session termination without refund and a **report directly to the police**.

### CANCELLATION & FEE AGREEMENT

A **24-hour notice** is required for cancellations. Appointments cancelled with less than 24 hours' notice, or missed appointments, will be charged the **full service fee**.

### INFORMED CONSENT

I understand these holistic services are for wellness maintenance and are not a substitute for medical diagnosis. I authorize the practitioner to coordinate with my physician if needed.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

*"Be water like the wind — move with heart and honor your rhythm."*

Veronica Salber | Licensed Holistic Practitioner | Winooski, VT  
Board Recognized Professional Standards | Confidential Medical Record