

ANNUAL MASTER CLINICAL UPDATE

The Healing Garden of Destiny | 12-Month Review

Mandatory Clinical Update: To ensure continued safety and compliance with professional board standards, we must update your full medical history annually.

Client Name: _____ **Current Date:** _____

1. Medical & Health Changes

In the last 12 months, have you had any of the following?

New Surgeries New Injuries/Accidents New Medical Diagnoses Pregnancy

If yes, please explain:

2. Medication & Supplement Update

Please list ALL current medications, herbs, or supplements you are taking today:

3. Long-Term Vitality Goals

How has your relationship with your body changed over the past year?

4. Updated Waiver & Consent

I reaffirm my voluntary participation in services and agree that my previously signed Waiver of Liability and Zero-Tolerance policies remain in full effect for all ongoing treatments.

Signature: _____ **Date:** _____