# **ESSENCE VITALITY**

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***Online Class/Coaching Intake Form***

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| --- | --- |
| First Name: | Last Name:  |
| Address (Street): | Birth Date (mm/dd/yy): |
| (City): | Best Phone #: |
| (Province):(Postal Code): | Email Address: |
| Occupation: | Permission to Email (Yes or No): |
| Referred By: | Primary reason for attending these classes: |
| Health (Excellent, Good, Fair, Poor): |  |
| Have you had any recent illnesses, accidents, injuries, or hospitalizations (Yes or No): | If yes, please specify: |
| Lymphatic Drainage is **CONTRAINDICATED** in certain circumstances:1. Malignant diseases (ie. Cancer)
2. Acute inflammation (particularly with infection)
3. Acute allergic reactions
4. Recent thrombosis (clots)
5. Congestive heart failure
 | Please check what is currently appropriate to you.[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_ |
| Lymphatic Drainage is **CAUTIONED** in certain circumstances:1. 1st Trimester of pregnancy (risk of miscarriage)
2. Menstruation
3. Kidney problems
4. Chemotherapy
5. Spleen removed
6. Asthma
7. Thyroid problems
8. Certain medications (see your doctor)
 | Please check what is appropriate to you.[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_[ ]Yes or, [ ]No If yes, when:\_\_\_\_\_\_\_\_ |
| Please list any known health concerns that may be a contraindication to Essence Vitality’s online services: |  |

***Consent, Disclaimer, Privacy***

I have completed the information on this form to the best of my knowledge. I understand that although Massage, Myofascial Release, Lymphatic Drainage, Craniosacral and Visceral Manipulation can be beneficial, it is not to be mistaken for a medical procedure nor to take the place of a medical doctor’s care. I understand that Monique C. Bilodeau-Nestmann, registered practitioner with the Natural Health Practitioners of Canada, will provide online classes/coaching for self-care. I understand that these online classes/coaching are not for the purpose of treating symptoms nor disease conditions for my body. I understand that I will learn about Massage, Myofascial Release, Lymphatic Drainage, Craniosacral and Visceral Manipulation for self-care and the potential benefits it may have for my own personal self.

Any information exchanged before, during or after an online class/coaching session is for the purpose of providing the best possible service and will be kept confidential. All online classes/coaching sessions may be recorded for participant use thereafter. By participating in any live online class, I give my consent to have the classes/coaching session recorded and understand that if I don’t want my personal participation video/audio recorded that I can simply turn off my personal video camera/audio microphone and participate privately during the class/coaching session.

I have no active contraindications for attending the online/recorded classes/coaching sessions. Essence Vitality Wellness & Coaching Inc. and Monique C. Bilodeau-Nestmann (NHPC #13005), registered practitioner with Natural Health Practitioners of Canada, are not responsible for the aggravation of conditions for which I had been medically advised against receiving Massage, Myofascial Release, Lymphatic Drainage, Craniosacral and Visceral Manipulation for self-care.

By registering and participating in any online or recorded class/coaching session with Essence Vitality, I understand that I do so at my own risk and that I agree to the following:

1. Essence Vitality, Monique C. Bilodeau-Nestmann and associates strongly recommends that I consult with my physician before beginning any exercise/wellness program. I should be in good physical condition and be able to participate in the exercise/wellness program. Essence Vitality, Monique C. Bilodeau-Nestmann and associates is not a licensed medical care provider and represents that it has no expertise in diagnosing, examining, or treating medical conditions of any kind, or in determining the effect of any specific exercise/wellness program on a medical condition.
2. I understand that when participating in any exercise or exercise/wellness program, there is the possibility of physical injury. If I engage in this exercise or exercise/wellness program, I agree that I do so at my own risk, am voluntarily participating in these activities, assume all risk of injury, and agree to release and discharge Essence Vitality, Monique C. Bilodeau-Nestmann and associates from any and all claims or causes of action, known or unknown, arising out of online and recorded classes offered by Essence Vitality, Monique C. Bilodeau-Nestmann and associates.
3. I understand that the information provided is not intended to be a substitute for professional medical advice, diagnosis or treatment. I understand that I should never disregard professional medical advice, or delay in seeking it, because of something I have read on Essence Vitality’s website or learned in any online/recorded class. I understand that I should never rely on information on Essence Vitality’s website or in an online/recorded class/coaching session in place of seeking professional medical advice.
4. I understand that Essence Vitality, Monique C. Bilodeau-Nestmann and associates are not responsible or liable for any advice, course of treatment, diagnosis or any other information, services or products that I obtain through Essence Vitality’s website or in any online/recorded classes/coaching session. I understand that I am encouraged to consult with my doctor with regard to the information contained on or though Essence Vitality’s website or in any online/recorded classes/coaching session. After reading articles, participating in online/recorded classes/coaching session, watching videos or reading other content from Essence Vitality, I understand that I am encouraged to review the information carefully with your professional healthcare provider.

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