

ESSENCE VITALITY WELLNESS & COACHING INC.

780.868.5227 info@essencevitality.com www.essencevitality.com

**INTEGRATIVE BIODYNAMIC CRANIOSACRAL MASSAGE CLIENT INTAKE FORM**

Today's Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Apt/Suite #: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Birth Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Permission to Email: YES NO

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_

Health (Excellent, Good, Fair, Poor): \_\_\_\_\_

Primary Reason/Chief Complaint for booking Integrative Biodynamic Craniosacral Massage appointment(s):

\_\_\_\_\_

Have you had an recent illnesses, accidents, injuries, or hospitalizations? YES NO If Yes, please specify:

\_\_\_\_\_

Integrative Biodynamic Craniosacral Massage is contraindicated in conditions of increased intracranial pressure (pressure within the skull). This may be present with acute (sudden) brain hemorrhage or brain aneurysm. Have you recently been medically diagnosed with increased intracranial pressure: YES NO  
If Yes, please explain: \_\_\_\_\_

**Important Special Circumstances:** Please refrain from booking any appointment with Essence Vitality Wellness & Coaching Inc., due to those who are severely immune-compromised or sensitive, if:

- you have been recently vaccinated (*10 weeks from time of last vaccination, applies to all vaccines, excluding flu shot/influenza vaccination*)
- you have received the flu shot/influenza vaccination (*10 months from time of last vaccination*)
- you are receiving or have received chemo and/or radiation therapy within the last two years (*an alternate practitioner referral will be given*)

Have you received any recent vaccinations (excluding the flu shot/influenza vaccination)? YES NO  
If Yes, when: \_\_\_\_\_

Have you received the flu shot/influenza vaccination this year? YES NO If Yes, when: \_\_\_\_\_

Are you/have you received chemo/radiation therapy within the last two years? YES NO  
If Yes, when: \_\_\_\_\_

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

Emergency Contact Relationship: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Referred by: \_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION FOR INTEGRATIVE BIODYNAMIC CRANIOSACRAL MASSAGE**

*(This authorization form is to be signed and witnessed only at consultation appointment.)*

I have completed the information on this form to the best of my knowledge. I understand that although Integrative Biodynamic Craniosacral Massage (which includes a combination of craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation and massage) is beneficial, it is not to be mistaken for a medical procedure, nor take the place of a medical doctor’s care. No one, including Monique C. Bilodeau-Nestmann (NHPC #13005) and Essence Vitality Wellness & Coaching Inc., and its owners or staff, has made any representations or claims to me of any kind that Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation, and massage) is for the treatment, cure or mitigation of any symptoms, diseases or conditions. I understand that Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation and massage) is not chiropractic care nor is it for the purpose of treating symptoms, diseases or conditions in my body. I understand that I will receive Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation and massage) sessions for ease of restrictions/tension spots in the fascia of my body that affect the dynamics of my craniosacral rhythm. I release from all general, medical, and any liability or claims of any kind and I indemnify and hold harmless Monique C. Bilodeau-Nestmann (NHPC #13005), Essence Vitality Wellness & Coaching Inc., and its owners and staff from any claim arising from or related to myself or the minor listed on this page from receiving Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation, and massage) sessions. I authorize Monique C. Bilodeau-Nestmann (NHPC #13005) of Essence Vitality Wellness & Coaching Inc., to provide Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation, and massage) sessions to myself or the minor listed on this page for which she is accredited to provide.

Any information exchanged before, during or after an Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation, and massage) session is for the purpose of providing the best possible service and will be kept confidential. Monique C. Bilodeau-Nestmann (NHPC #13005), and Essence Vitality Wellness & Coaching Inc., and its owners and staff, are not responsible for the aggravation of conditions for which I had been medically advised against receiving craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation or massage (Integrative Biodynamic Craniosacral Massage) for which I did not disclose.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**CONSENT TO CARE FOR MINOR**

I hereby give consent to Monique C. Bilodeau-Nestmann (#13005) for the care of the mentioned minor (under 18 years old). I allow permission for the mentioned minor to receive Integrative Biodynamic Craniosacral Massage (including craniosacral, biodynamic craniosacral, lymph drainage, visceral manipulation and massage) sessions.

Parent Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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