

Wellness Within

Utopia is, "the ability for each person to live in their own vision of paradise."



Release Form

I, _____, understand that the therapist is a Holistic Health Practitioner not a medical doctor and is not licensed to practice medicine. The therapist does not diagnose disease and does not prescribe for disease. Her services do not take the place of your medical care and her suggestions do not take the place of prescribed medications.

I also understand that I am under no obligation to follow any suggestions given by the therapist. All fees for holistic services including Initial Intake are due and payable at the time of service. By signing this form I acknowledge and agree to all terms listed herein.

Signature _____

Date _____

Please only answer those questions you feel comfortable in answering. However, please understand that the more information you provide the better the plan of care I will be able to create.



Client Information

Name: _____ Occupation: _____
 Date of Birth: _____ Gender: Male Female
 Address: _____ Postal Code: _____
 City: _____ Province: _____
 Daytime Phone #: _____ Evening Phone #: _____
 Emergency Contact Name & Phone #: _____
 Email Address: _____
 Check here if you would prefer NOT to receive our Wellness e-newsletter

What is the reason you have for this visit to our clinic? (When does this bother you, how often, and what is the severity.) _____

Your Current Feelings

What behaviors or lifestyle habits do you currently engage in regularly that you believe support your health? _____

What behaviors or lifestyle habits do you currently engage in regularly that you believe are not contributing to optimal health? _____

Who or what do you turn to in times of... (please check appropriate box)

	Joy	Illness	Sadness	Frustration	Need to talk	Help/Advice
Family member						
Friend						
Religion						
Spirituality						
Self						
Partner						
Work						
Exercise						
Substance (Food, alcohol, drugs)						

Please use the space below to describe yourself right now.

Please use the space below to describe your ideal self.

Please use the space below to explain why you think you haven't achieved your ideal self.



Bioenergetics

When do you feel the most energetic? _____
When do you feel the least energetic? _____
Who drains your energy? _____
Who do you feel the most energetic around? _____
Does being in a crowd excite you? _____
Do you believe that you have an aura? _____
What is a reoccurring thought you have throughout the day? _____

Social

Marital Status (circle): Significant Other Married Single Divorced Widowed
If you are currently married/domestic partner how long have you been together? _____
Do you have any children? ____ If so how many? _____
Have you ever lost a child? (Abortion, miscarriage, still birth, premature death, ect.) Please explain.

Emotional/Spiritual Health

What are the major stressors (positive or challenging) in your life? _____

What do you do to relax? _____
Where is your favorite place to relax? _____
Have you ever been to a support program or therapist for emotional support (depression, anxiety, anger, panic attacks, addiction etc)? No Yes
If Yes please explain _____

Do you have any phobias? No Yes
If yes, please explain: _____

Do you consider yourself as more of a pessimist or an optimist? Place an X in the appropriate spot on the line.

Pessimist 0 _____ **Not Sure** _____ **10 Optimist**

List any important or stressful events or traumas. (e.g., births, deaths, accidents, events, losses, illnesses, marriage, divorce, war, etc.) Please explain _____

What do you do only for yourself? _____



Holistic Practices (please check ✓)

Type	Never Tried	Use Currently	Not for me	Interested In
Massage				
Acupuncture/Acupressure				
Reiki				
Touch for Health				
Visualization				
Reflexology				

Religion

Are you part of an organized religion? No Yes Describe: _____

Is religion important to you? No Yes

Why or why not? _____

Past Medical History

Childhood Illnesses - Illness & date:	
Hospitalizations - Diagnosis & date:	
Pregnancy/Deliveries & Date:	
Major Injuries/Accidents - Injury & date:	
Surgical History - Surgery & date (including cosmetic):	
Blood Transfusions:	
Psychotherapy - Currently or have had in the past; diagnosis & dates:	
Spiritual Counseling	
Medicines/OTC/Vitamins/Supplements:	

