



Janine Stokes

Holistic Healthcare

Certified BodyTalk, PaRama BodyTalk, Reiki Master, HelioSol, Tuning Forks Practitioner

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www.bodytalktauranga.co.nz

Date / /

CLIENT INTAKE FORM

Please answer the following questions honestly and to the best of your ability.

Name:		Date of Birth:	
Address:			
Landline:		Mobile:	
Email address:			
Referred by:			
Doctor's Name:		Clinic:	Phone:
Emergency Contact Name:		Phone:	

Describe the problem(s) for which you seek help. Please include dates when each problem occurred:

Past medical history (injuries, accidents, surgeries etc) with approximate dates:

/	
/	
/	

Current medication you are taking - including over the counter:

What daily activities are you finding difficult or are limited because of your complaints:

What are your goals from our session together:

Please list any other kind of healthcare professionals you are currently seeing for these problems:

Please list any medical tests you have had within the past year:

What do you do for Relaxation, Exercise eg hobbies, meditation, walking, gym:

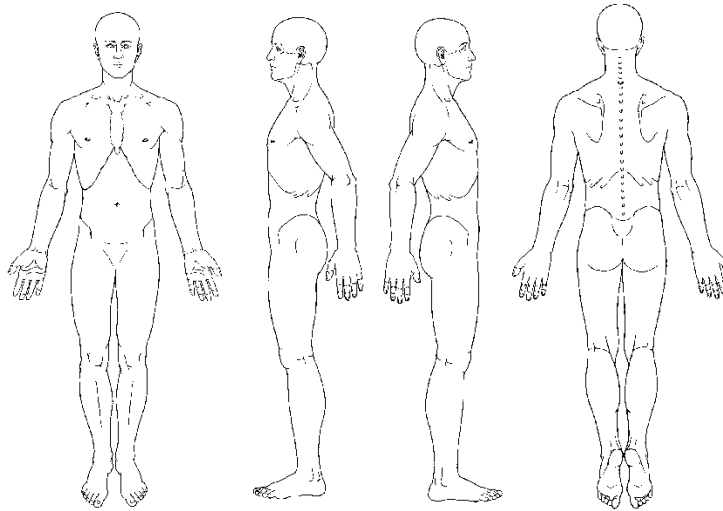
Have you had antibiotics? Y / N Approx how many times? _____ Approx date of the last course? _____

How many hours sleep do you get each night and is it restful? _____

Please circle/highlight - any of the following feelings you have experienced in the last few months. Any not in the table write into the blank spaces				Please mark the circle that best describes the level of stress for the below listings				
Abused	Paranoid	Unable to grieve	Panic	Stress in my:				
Criticized	Overwhelmed	Apprehensive	Intolerant	Family	<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Overworked	Muddled	Agitated	Uncertainty	Relationship	<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Paralyzed	Persecuted	Uneasy	Aggravated	Work	<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Depressed	Guilty	Distress	Annoyed	Finances	<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Rejected	Easily irritated	Fearful	Angry	Health	<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Despair	Anxious	Impatient	Outraged	Other:				
Helpless	Sad	Intimidated	Nervous		<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe
Hopeless	Grieving	Restless	Worried		<input type="radio"/> none	<input type="radio"/> minimal	<input type="radio"/> moderate	<input type="radio"/> severe

Please circle the area/s of pain or discomfort and write the number inside of the circle to indicate the level as per key:

- 1 Slight awareness of discomfort
- 2-3 Awareness of discomfort as an aggravation
- 4-6 Pain is strong but I am still functional
- 7-9 Pain is so strong I am unable to function normally
- 10 I think I need to go to A&E



Comments:

Client Signature: _____ Todays Date: _____

Practitioners Comments:



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CONSENT FORM:

- I understand that these session/s and any energy systems integrated into these (including BodyTalk, HelioSol, Reiki, Tuning Forks, First Light Flower Essences, San Baio, etc) are intended to enhance relaxation, increase communication within the areas of the body, and educate me to possible energetic or emotional blocks.
- These treatments are non-invasive, safe and objective, and my practitioner will not diagnose, treat, or fix any issues. Instead, I will utilise my own bodies innate intelligence to re-establish communication so my Body Mind can work for optimum wellbeing.
- I understand that these sessions work in conjunction with any advice, medication or procedure that has been provided by other practitioners or medical professionals, and is not a substitute for their recommendations and care.
- If I have any questions or concerns, I will address these promptly with my practitioner who I understand works under the International BodyTalk Associations code of Professional Conduct.
- While in the clinic area, I take full responsibility for my own safety, and all those in my care.
- I agree to pay the advertised fee at the time of service, or before the session starts if it is a distance session.
- I also agree to please give 12 hours notice should my appointment need to be postponed or cancelled, and that if I do not notify within sufficient time - I will still be charged a session fee due to inconvenience to the practitioner, and potential loss of client booking.

Signed: Date:

Print Name: