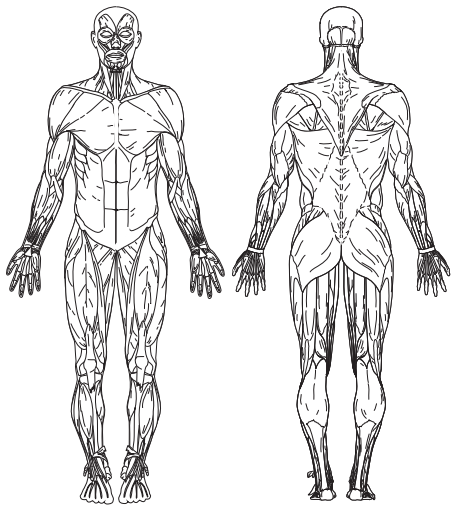
Heart of Touch Client Form



Date:_____

Name:_____

Address:_____, City:_____

Zip:_____Tel:_____

Occupation:_____

Date of Birth_____

Dr:_____

How referred: _____

Reasons for seeking treatment:: (check all that apply)

- ☐ Stress relief
- ☐ Pain relief
- ☐ Structural Alignment
- ☐ Relaxation
- ☐ Rehabilitation
- ☐ Relieve anxiety
- ☐ Reduce Trauma
- ☐ Athletic Performance
- ☐ Improve General Well Being

Chief concerns/complaints:_____

_____

- ☐ Previous Illness _____
- ☐ Surgeries (when) _____
- ☐ Uncommon childhood illness _____
- ☐ Trauma (accidents, falls, etc) _____
- ☐ Allergies _____
- ☐ Current Medications _____
- ☐ Current Supplements _____

Have you currently or recently experienced any (check):

RESPIRATORY
__Breathing difficult
__coughing
__asthma

DIGESTIVE
__indigestion
__diarrhea
__constipation

SKELETAL
__stress fracture, breaks
__arthitis, osteoarthitis
__joint pain

__depression
__fainting
__epilepsy
__panic attack

__insomnia
__chronic fatigue
__high blood pressure
__migraines
__dizziness, headache
__high stress level
__recent surgeries (within 3 months)

Are you pregnant? Y___/N___

Do you receive regular: (how frequent?)

- ☐ Massage _____
- ☐ Chiropractic _____
- ☐ Physiotherapy _____
- ☐ Other:_____

Which emotions do you most commonly feel?

- ☐ Fear
- ☐ Worry, concern
- ☐ Anger, resentment
- ☐ Joy, happiness
- ☐ Indecision
- ☐ Grief, sadness

Other:

please turn over

Consent for treatment

I understand that the Craniosacral/Acupressure/Zero Balancing bodywork I receive is for the purpose of stress reduction and relief from muscular tension, spasm, or pain, and to increase range of motion. I understand that a Jin Shin Do/Zero Balancing practitioner does not diagnose illness or disease or perform any spinal manipulations, nor do they prescribe any medical treatments. I acknowledge that Cranio/Acupressure/Zero Balancing is not a substitute for medical examination or diagnosis and that I should see a health care provider for those services.
I also understand that a single Acupressure/Zero Balancing session used on a random basis is limited to providing a general nonspecific relief.

I agree that this is a professional non sexual bodywork and sexual conduct of any sort will not be tolerated.

Sometimes things may come up unexpectedly and you are not able to keep your appointment. Please make every effort to contact me at your earliest possible convenience so another client can fill that time. Repeated last minute cancellations may result in charges to you.

Client name:_____

Date: _____