

Client Intake Form



Lotus Wellness Center

Personal Information

Name: _____ Birthday: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Occupation: _____ Status: F/T P/T Casual

Emergency Contact Name: _____

Relationship to you: _____ Contact Phone: _____

Medical Information

Are you taking any medications? Yes No If yes, please advise: _____

Are you pregnant? Yes No If yes, how far along and are there any concerns? _____

Do you suffer from chronic pain? Yes No If yes, please advise: _____

Is there anything that makes it feel better or worse? _____

Have you had any injuries? Yes No If yes, please advise: _____

Please indicate if any of the following which apply to you:

- | | | |
|-----------------|-------------------------|-------------------|
| Cancer | Headaches/migraines | Stroke |
| Fibromyalgia | Arthritis | Heart attack |
| Diabetes | Kidney dysfunction | Joint replacement |
| Blood clots | High/low blood pressure | Numbness |
| Sprains/strains | Depression | Anxiety |

Other: _____

Consent Form

I, _____ (print name) consent to treatment for myself (or my minor child), and understand that the services provided by the practitioner **Lotus Wellness Center** is intended to enhance relaxation and increase communication within my body.

I understand that these services are not a substitute for medical treatment or medications. I am aware that diagnosis is not given and medication is not prescribed. I agree to continue to have regular medical check-ups as part of my overall health care plan.

I understand that participation is voluntary and that at all times I may choose to end my participation. I understand that I may experience 'healing reactions' during the 24 to 48 hours following the services provided.

I understand that any information exchanged during any session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is strictly confidential in nature and will not be shared with anyone without my written permission. I do, however, give the practitioner consent to use my case history and results without using my name. I understand that only the practitioner **Lotus Wellness Center** will have access to information in my file to enhance my healing.

I understand that by providing this informed consent I am assuming full responsibility for my services and I hold harmless both the practitioner **Lotus Wellness Center** and the facility/location where the services are provided.

I agree to the terms and conditions set out by this consent form and certify that the above information is true and correct. I agree to pay for distance sessions, should I request them.

Client's signature: _____ Date: _____

Healer's signature: _____ Date: _____

IMPORTANT NOTICE:
EFFECTIVE FEBRUARY 12, 2018

Starting on February 12, 2018, Lotus Wellness Center will charge a non-refundable processing fee of **3% for any credit/debit card payments.**

Methods of payment that **do not** incur this charge are **cash, check and chase quickpay** (drleogerdov@gmail.com). These payment methods will not incur any additional fees. We appreciate your understanding.

Respectfully,
Lotus Wellness team

Date: _____

Name: _____ Signature: _____