

One Heart Awakening

CLIENT INFORMATION AND CONSENT FORM

CLIENT INFORMATION

Name:		Today's Date:	
Referred By:	Birth date:	Age:	Sex: <input type="radio"/> M <input type="radio"/> F
Your Address:			
Preferred Phone Number:	Alternate Phone Number:		Email:
Emergency Contact:	Phone Number:		May we add you to our monthly email list?

ALL CLIENT INFORMATION WILL BE KEPT CONFIDENTIAL. THIS FORM WILL BE KEPT ON FILE FOR THREE YEARS PER CALIFORNIA STATE LAW.

HEALTH INFORMATION

Do you have **ANY ALLERGIES** or **SENSITIVITIES**? Please list.

<p>Are you under the care of a Licensed Physician or Specialist?</p> <p>Are you under the care of a Mental Health Provider?</p> <p>Are you taking any Medications or Supplements?</p>	<p>Please list any important health information:</p>
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Have you ever used Essential Oils?

Are you sensitive to smells or touch?

CONSENT

- *I understand that I am responsible for the process and outcomes of my own healing journey. I DO NOT hold ONE HEART AWAKENING responsible for my personal choices regarding my health and wellness.
- *I understand that ONE HEART AWAKENING Practitioner's provide RELAXATION AND WELLNESS SERVICES and DO NOT diagnose or treat illness, disease, or any physical or mental disorder.
- *I acknowledge that the services provided by ONE HEART AWAKENING are NOT to replace medical or mental examination, diagnosis, treatment, or care, and that it is recommended that I see a Licensed Physician/Mental Health Provider for those services.
- *I understand that I or my ONE HEART AWAKENING Practitioner can pause or discontinue services if I (or my Practitioner) feel uncomfortable at any time or if I (or my Practitioner) feel that my well-being is being compromised.
- *I understand that payment is due at the time services are rendered by ONE HEART AWAKENING and payment can be made by cash or card.
- *I understand that I must give 24 hour notice of cancellation in order to avoid being charged for my scheduled services with ONE HEART AWAKENING.
- *I understand that it is my responsibility to update this form and my ONE HEART AWAKENING Practitioner when any of my personal or medical information changes.

Client/Guardian Signature	Date
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