

# Bio Energy Academy of Dublin, Consent Form for Students in Bio Energy

## Mock Assessment 2

### Form of Consent

**Student's Name:** \_\_\_\_\_

**Notes for student:**

It is important that you spend 10 to 15 minutes of your first session with a new client getting the clients details. Students should record all details of each client session on this form. As the client opens up their story, the student should ensure they have recorded enough of the clients story to have it to refer to if reviewing the clients case in the future. Securing details of the clients story will also help you to have a better picture of the clients medical history.

It is vital that your client signs this form giving their permission for the session on the first day and that the date of the session is recorded alongside this. Please also ensure to record the clients date of birth. Retain the record of your session/s to have available for Helen O'Flinn to review with you if required.

*(To be completed by all persons attending for treatment prior to commencement of Bio Energy Therapy)*

# Bio Energy Academy of Dublin, Consent Form for Students in Bio Energy

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Doctor's name and contact no: \_\_\_\_\_

Present Medical Condition: \_\_\_\_\_

## Medical History - Please answer the following questions to assist in your treatment:

- |   |        |
|---|--------|
| 1. Undergoing supervised medical treatment for any condition?   | Yes/No |
| 2. Taking any medication, prescribed or other for any condition?                                      | Yes/No |
| 3. Are you pregnant or is there any chance that you could be?   | Yes/No |
| 4. Allergic to anything, including prescribed drugs that you know of?                                 | Yes/No |
| 5. Is there any family history of (or related) cancer, heart, colon, kidney, lung, or blood disorder? | Yes/No |
| 6. Any problems with hearing or balance?  | Yes/No |
| 7. Depression, anxiety, chronic, fatigue or any other mental or nervous disorder?                     | Yes/No |
| 8. Back pain, disc problems, lumbago, sciatica, arthritis, neck pain?                                 | Yes/No |
| 9. Any skin condition e.g. acne, psoriasis, dermatitis?   | Yes/No |

**Please provide details if you have answered "Yes" to any of the above and use over the page if necessary:**

The treatment of the Bio Energy Academy of Dublin Health Care System involves some hands on and may involve therapists placing their hands upon the person. This process is part of the treatment and is required to carry out the treatment to its full potential. It is the policy of Bio Energy Academy of Dublin that persons receiving treatment should not alter their intake of medication and that any medical advice given by your medical practitioner must at all times be adhered to. I have been informed of the policy of Bio Energy Academy of Dublin and fully understand same. I consent to the treatment as outlined above:

Signed: \_\_\_\_\_ Date \_\_\_\_\_

## Further information if required.

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**For Therapist:**

**Present Medical Treatment e.g. drugs & other therapies including complementary at present:**

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**Assessment Session Notes:**

**Date:**

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