

Client Consent Form

Name or ID code	DOB	Male/Female	Date/time: /	Remote/in-person session	Connect on (Zoom, phone, etc)
Address:					
Phone(s):		E-mail:			
Emergency contact details		Name: Phone(s)		Name: Phone(s)	
Occupation					
Present medical/health condition?					
Are you currently attending your Doctor/GP?					
Are you taking any prescribed medication?		Yes		No	
Receiving other complementary sessions		Yes		No	
Are you pregnant or is there any chance that you could be?					
Allergies, food intolerances, prescribed drugs that you know of?					
Family history of Cancer, Heart, Colon, Kidney, Lung, Blood Disorder/major organ issues?					
Any problems with hearing or balance?					
Depression, anxiety, chronic fatigue?					
Back pain, disc problems, lumbago, sciatica, neck pain?					
Arthritis, osteoid or rheumatoid?					
Skin condition e.g. acne, psoriasis, Dermatitis?					
Energy/Stress levels 1-10 (10 being highest)					
Sleep					
Self-care routine					
Client consent	<input type="checkbox"/> I understand and am fully aware that this therapy is not a substitute for medical treatment. <input type="checkbox"/> If applicable it has been explained & recommended to me that I continue to take my medication and attend my GP. <input type="checkbox"/> It has been explained to me that some touch is involved within each session and I consent to continue with this session (in-person only) <input type="checkbox"/> Please tick this box to indicate that you have read the form.				
Client Signature, or Parent/Guardian					
Therapist Signature and date.					

Therapist Log

Why are you coming for bio energy session/s	
What outcome would you like?	

Session Dates:

No 1 / / No 2 / / No 3 / / No 4 / /

Session No. 1

Session No. 2

Session No. 3

Session No. 4