

Healing Stream Body Wellness Ortho-Bionomy® and Reiki
Client Intake Form

Name _____ Home Phone _____ Cell _____

Address _____

City/State/Zip _____

Email (optional) _____ Date of Birth _____

Occupation _____

Emergency Contact _____ Phone _____

Are you currently seeing a Chiropractor, Physical Therapist, or Physician for an ongoing issue?

____ Yes ____ No

Please Explain:

May I have permission to consult with your physician (if necessary)? Please initial if yes.

____ Yes ____ No

PERSONAL STRESSORS AND EMOTIONAL STATE

Please circle your current stress level: Low 1 2 3 4 5 High

Typically, where do you hold stress? _____

What type of sleep do you normally have? _____

Do you take recreational drugs? ____ Yes ____ No

Consent for Session and Waiver of Liability

The undersigned (“client”) hereby freely consents to receive Ortho-Bionomy® services from:

DEBORAH GOALDMAN REGISTERED ORTHO-BIONOMY® PRACTITIONER AND REIKI MASTER

Client agrees to the following:

I have stated all of the conditions that I am aware of, and this information is true and accurate. **I will inform the practitioner of any changes in my status.** I understand that there shall be no liability on the practitioner’s part should I fail to do so. I understand that if I become uncomfortable for any reason, I may ask the practitioner to end the Ortho-Bionomy® and/or Reiki session, and she will end the session. I understand that the practitioner may end the session for behavior that is inappropriate or sexually suggestive, and payment will be expected in full regardless if the session is completed or not.

I understand that Ortho-Bionomy® and Reiki are designed to be an ancillary health aid and are not suitable for primary medical treatment for any condition.

1. The potential benefits and possible side effects of Ortho-Bionomy® and Reiki have been explained to me. I have been given an opportunity to ask questions of the practitioner and have received all requested information.
2. I agree to immediately inform the practitioner of any unusual sensation or discomfort so that the application of position and movement may be adjusted to my level of comfort.
3. I understand that Ortho-Bionomy® and Reiki practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.
4. I hereby assume full responsibility for receipt of the Ortho-Bionomy® or Reiki, and release and discharge the practitioner Deborah Goaldman from any liabilities or claims made by myself or any of my relatives now or in the future.
5. I, _____ in signing this Consent for Ortho-Bionomy® or Reiki and Waiver of Liability, understand and agree that this Consent and Waiver will apply to and govern the current and all future sessions performed by the practitioner.

Client’s Printed Name

Client’s Signature

Date

Deborah Goaldman
Practitioner’s Printed Name

Practitioner’s Signature

Date

