

CLIENT INTAKE AND CONSENT FORM

Client Name:

Address:

Telephone:

Email:

DOB (dd/mm/yy):

Occupation:

Dr's Name:

Dr's Phone:

QUESTIONNAIRE

		Yes	No
1.	Have you ever had acupressure before?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are you under the care of a medical professional such as a medical doctor, Naturopath or Chiropractor?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do you have a history of:		
	a) Fainting?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you taking any medications?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there a possibility that you are pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you or are you experiencing symptoms in the following areas:		
	a) Respiration: breathing, cough, asthma, smoking?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Digestion: gas, belching?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Elimination: constipation, diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Skeletal System: bones, arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Nervous system: emotional state, schizophrenia?	<input type="checkbox"/>	<input type="checkbox"/>
	f) Circulatory system and Heart?	<input type="checkbox"/>	<input type="checkbox"/>
	g) Genito-urinary: menstrual cycle, PMS, menopause, andropause?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Do you have allergies?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are you fasting?	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT FOR TREATMENT

I have discussed the above information with my practitioner. I hereby consent to receive acupressure. I understand that this treatment is provided at my request and I agree to undergo the said treatment at my own risk. I have been informed of the nature and purpose of the said treatment. I understand that this information is confidential except if I reveal information about children being abused or intended damage to person or property then the practitioner is legally responsible to report that to the police. I have read and understood the above Consent for Treatment

Signed:

Dated:

Client Signature