

Client Information Form

private and confidential



Please complete this Client Information Form, save it and email to holistichealthmelb@bigpond.com at least 48 hours prior to your appointment

Date:

First Name:

Last Name:

Address:

Postcode

Phone:

Email:

DOB:

Occupation:

Reason for consultation:

How do you feel now on a scale of 1-10 (1=low 10=high):

What would you like to achieve:

What is your greatest challenge:

Are you currently receiving treatment from a Medical Practitioner:

Is it for this issue or something else (please describe):

Please list any medications you are currently taking:

If you are female, is it possible you may be pregnant:

Please add any other information that may be relevant:

How did you hear about us? *Friend:*

Google:

Website:

Would you like to receive emails with offers and info: *Yes \ No*

If relevant, may we contact you for a follow-up: *Yes \ No*

We look forward to working with you at your appointment. Your session will be conducted in a relaxing, comfortable and confidential environment.

Following your session: *After your therapy session you may feel extremely light and clear. It is not uncommon to experience physical, emotional or mental changes in response to the energy shifts, or as suppressed emotions are released. It is also not uncommon to feel very tired for a few days as your energies adjust. These changes are transient and do not last very long. **If you are feeling uncomfortable or have any questions, please do call us to discuss.***

Your agreement regarding your appointment: A confirmed appointment is a commitment by you to attend. To confirm your appointment, please respond YES immediately to the text reminder. **If you need to change or cancel your appointment, please provide at least 48 hours notice.** If less than 24 hours is provided, 50% of session fee is payable. If less than 24 hours, 100% of session fee is payable.

Signed:

Date: