



CLIENT FORM ~ HEALTH ASSESSMENT

Used only by members of the Academy of Naturopaths and Naturotherapist of Canada

PERSONAL INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Cell phone: _____

E-mail: _____

Date of birth: Day _____ /Month _____ /Year _____

Type of job: _____

EMERGENCY CONTACT

Contact: _____ Link: _____ Telephone: _____

INFORMATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever received a therapeutic or energy care?
If so, which? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you undergoing other therapeutic care?
If so, what care and frequency? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Do you have health insurance?
If so, do you want a receipt in naturotherapy? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you have a family doctor?
Name: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you particularly sensitive to touch?
If so, do you have a particular health condition? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been referred by someone?
If so, who? _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. What activities or leisure do you practice? _____

AUTORISATION

- | | | |
|--|------------------------------|-----------------------------|
| 1. I would like to receive occasional information about the services via e-mail? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you a minor age less than 18 years. If so, add the name of the adult present and signature: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

RESERVED FOR THE PRACTITIONNER

Name : Caroline Paré

Number of visits : _____

Signature : _____

Date : _____



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HEALTH INFORMATION

Conditions – please check if it is CURRENTLY a concern or if it has affected you IN THE PAST.	Currently	In the past	Precisions:
Accident			
Allergies			
Cancer			
Cardiovascular disease			
Circulatory disorders			
Digestive disorders			
Emotional or mental disorders			
Hearing disorders			
Eating disorders			
HIV/ Aids			
Muskuloskeletal disorders			
Neurological or brain disorders			
Pregnancy			
Respiratory or pulmonary disorders			
Skin disorders			
Sleep disorders			
Surgeries			
Vision disorders			
Others			
Medication (1)			Reason:
Médication (2)			Reason:

UNDERSTANDING – Check each of the following statements:

- I understand that Reiki is a gentle, energetic and hands-on approach;
- I understand that the practitioner does not diagnose conditions nor prescribe or perform medical treatment;
- I understand that energy work does not replace medical care and/or care offered by other health professional;
- I understand that I am responsible for pursuing necessary care with a doctor and/or psychologist as needed;
- I understand that through hypnosis and relaxation the body may improve in certain aspects;
- I understand that under hypnosis I continue to be conscious of my choices and free will;
- I understand this approach may require several sessions; Appointments must be cancelled 48 hours in advance;
- I understand this treatment is a service for which I will pay the due amount.

Signature : _____

Date : _____