Lindsay Rose Holistic Health

hello@LindsayRoseHeal.com | (250) 595-1985

Client Health Form & Questionnaire

Last Name: _____ **First Name**: _____
Address: _____ Postal Code: _____
Best Phone # to contact you: _____ Date of Birth:_____
How did you hear about me? _____ Occupation:_____
Email: _____ Want Email event updates? ❑ Yes ❑ No

What is your 1st concern you want help with?

_____
_____

When did this first start? _____
What life changes or stressors were happening in your life at that time? _____
_____
What aggravates / sets back the condition? _____
Anything else you want to mention: _____

What is your 2nd concern you want help with?

_____
_____

When did this first start? _____
What life changes or stressors were happening in your life at that time? _____
_____
What aggravates / sets back the condition? _____
Anything else you want to mention: _____

Lifestyle Questions

How well do you normally sleep? ❑ Not well ❑ Good ❑ Great How many hours? _____
What is your current stress level? *Low* 1 2 3 4 5 6 7 8 9 10 *High*
What are 3 sources of stress or worry right now?
1. _____
2. _____
3. _____

What were the 3 most significant changes (positive or negative) you experienced as a child or teen?
1. _____
2. _____
3. _____

What are the 3 most significant changes (positive or negative) you've experienced as an adult?
1. _____
2. _____
3. _____

What are your expectations for this visit? _____

What other therapies have you received? ❑ Massage ❑ Acupuncture ❑ Reiki ❑ BodyTalk
❑ Hypnotherapy ❑ Energy /Chakra Healing ❑ Shiatsu ❑ Chiropractic ❑ Bowen ❑ Counselling
❑ Physiotherapy ❑ Other (list) _____

Health History

Key: P = Past and C = Current *— Please add your comments to clarify the condition*

General Conditions

- ❑ Fatigue
- ❑ Headaches
- ❑ Migraines
- ❑ Depression – How Long?__
- ❑ Weakness
- ❑ Insomnia
- ❑ Excessive Heat
- ❑ Excessive Cold
- ❑ Sensitivity to Light
- ❑ Chronic Pain
- ❑ Lack of Concentration
- ❑ Cancer_____ Treatments_____
- ❑ Contagious Disease
- ❑ Other_____

Comments:

Muscular / Skeletal

- ❑ Joint Stiffness / Swelling
- ❑ Spasms / Cramps
- ❑ Strains / Sprains
- ❑ Broken / Fractured Bones
- ❑ Dislocations
- ❑ Tendonitis
- ❑ Bursitis
- ❑ Arthritis
- ❑ Scoliosis
- ❑ Osteoporosis
- ❑ Bone / Joint Disease
- ❑ Chest / Rib Pain
- ❑ Shoulder / Neck Pain
- ❑ Back Pain
- ❑ Arm / Hand Pain
- ❑ Leg / Foot Pain
- ❑ Other_____

Comments:

Neurological /Throat /Skin

- ❑ Dizziness
- ❑ Concussions - # _____
- ❑ Eye / Vision problems
- ❑ Poor hearing / Ringing Ears
- ❑ Head Trauma
- ❑ Skin Sensitivities
- ❑ Eczema / Psoriasis
- ❑ Rashes
- ❑ TMJ/Jaw problems
- ❑ Grinding teeth
- ❑ Throat infections
- ❑ Cosmetic Surgery
- ❑ Athlete's Foot
- ❑ Warts
- ❑ Abnormal Moles
- ❑ Other_____

Comments:

Cardiovascular

- ❑ High Blood Pressure
- ❑ Low Blood Pressure
- ❑ Pace maker
- ❑ Diabetes
- ❑ Chest pain
- ❑ Irregular heart beat
- ❑ Bruise / Bleed easily
- ❑ Blood Clots
- ❑ Fainting
- ❑ Dizziness
- ❑ Sweats/Chills/Fever
- ❑ Stroke_____
- ❑ Lymphedema
- ❑ Varicose veins
- ❑ Heart Condition
- ❑ Other _____

Comments:

Respiratory

- ❑ Asthma
- ❑ Shortness of breath
- ❑ Bronchitis
- ❑ Lung Cancer
- ❑ Pneumonia
- ❑ Sinus Discomfort
- ❑ Allergies _____
- ❑ Chronic cough
- ❑ Other _____

Comments:

Digestive and Uro-Genital

- ❑ Liver / Gall Bladder
- ❑ Gall stones
- ❑ Kidney or Kidney Stones
- ❑ Venereal disease
- ❑ Abdominal Pain
- ❑ Indigestion / Reflux
- ❑ Excess Gas/Bloating
- ❑ Colitis
- ❑ Crohn's Disease
- ❑ Irritable Bowel
- ❑ Elimination #__Daily
- ❑ Constipation
- ❑ Diarrhea
- ❑ Nervous Stomach
- ❑ Poor/Heavy Appetite
- ❑ Urination Discomfort
- ❑ Bladder Infection
- ❑ Impotence
- ❑ Adaptive Aids
- ❑ Other _____

Comments:

Gynecology

- ❑ Pregnant - # of months___
- ❑ Miscarriages - # _____
- ❑ Menopause – Age_____
- ❑ PMS / Cramps
- ❑ Pelvic Inflammation
- ❑ Fertility Concerns
- ❑ Breast lumps/cysts
- ❑ Uterus cysts
- ❑ Endometriosis
- ❑ Prostate Concerns (Men)
- ❑ Hysterectomy Date _____
- ❑ Other _____

Comments:

Spinal & Nervous Systems

- ❑ Spinal Injury
- ❑ Sciatica
- ❑ Herniated Disc
- ❑ Fibromyalgia
- ❑ Seizures / Epilepsy
- ❑ Tremors
- ❑ Parkinson's Disease
- ❑ Cerebral Palsy
- ❑ Numbness/Tingling
- ❑ Twitching
- ❑ Paralysis
- ❑ Stroke
- ❑ Muscular Dystrophy
- ❑ Multiple Sclerosis
- ❑ Neurological Condition
- ❑ Other_____

Comments:

List any injuries, accidents or surgery:

1._____
2._____
3._____

List medications you are taking: _____

In a standard treatment, the full body is worked on with the exception of breasts and genitals.
Please list any areas of your body you do not want touched or worked on _____

Client Consent

I have reviewed, understand and agree to the information about Policies and Procedures, Confidentiality and Privacy Policies explaining how Lindsay Rose Holistic Health will use my personal information, and the steps that are taken to protect my information and confidentiality. I agree that Lindsay Rose Holistic Health can use and disclose personal information about me as set out in the Privacy Policies.

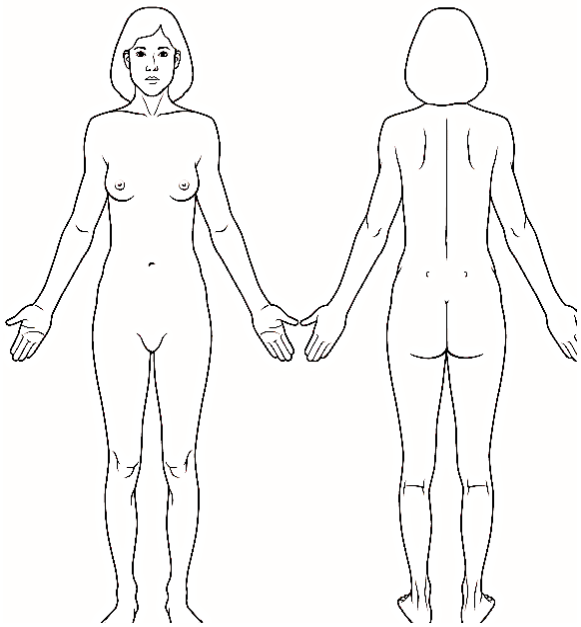
By my signature below, I understand that holistic therapy is not a substitute for medical treatment and that it is recommended that I concurrently work with my Naturopath and/or Physician for any condition I may have. I'm aware holistic practitioners do not diagnose illness or disease and do not prescribe medications.

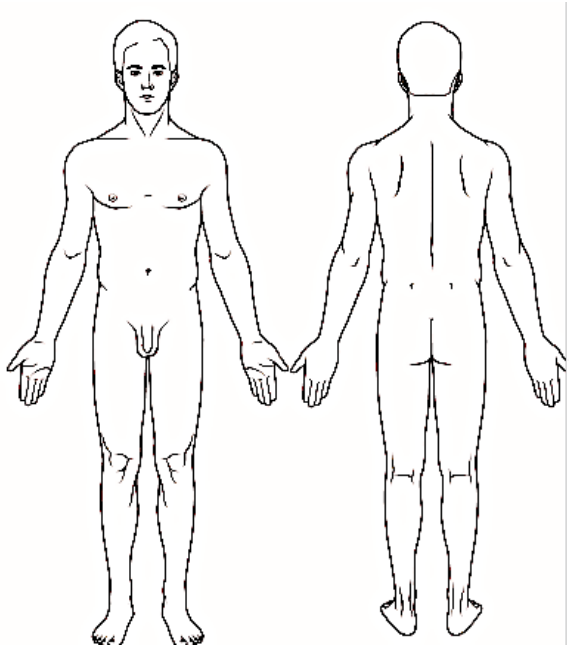
I have informed my Practitioner of all my known physical, emotional, mental and medical conditions, *and will keep Lindsay Rose Holistic Health updated on any changes*.

By my signature below, I consent to treatment. I certify all information provided is accurate. I understand that failure to give full information or any inaccuracies may result in an incorrect treatment approach.

_____ _____
Date Signature

Please Indicate Areas of Discomfort:





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POLICIES AND PROCEDURES

Medical and Mental Health Conditions:
Holistic therapy is not a substitute for medical treatment and it is recommended that you work concurrently with a physician or naturopath for any health conditions. Therapists and Practitioners at Lindsay Rose Holistic Health do not diagnose illness or disease, do not prescribe medications, and operate within the trained scope of practice.

Payment for Services:
Payment for service is due at the end of each visit. Fees may be paid by cash, cheque or credit card.

Arriving Late, Cancelled and Missed Appointments:
Visits that begin late due to late arrival will still end at the scheduled time. Please ensure to give at least 24 hours cancellation notice. For appointments cancelled on the same day or missed appointments, a $20.00 fee may be charged. Consideration will be given to unforeseeable circumstances.

CONFIDENTIALITY & PRIVACY POLICY

Everything that you communicate, directly or indirectly, at Lindsay Rose Holistic Health is confidential, unless you give written permission to disclose information to an outside third party.

There are exceptions to confidentiality that include the legal and/or ethical obligations to:
1. Report incidents of child abuse (physical, sexual or emotional) and neglect;
2. Comply with a court ordered subpoena;
3. Prevent harm to yourself or another person should such plans be disclosed;
4. Report a health professional who has sexually abused a patient.

Protecting the privacy of your personal information, while at the same time providing you with quality holistic health care, is an important part of the business practices by everyone who works at Lindsay Rose Holistic Health. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly. The health file that you create is completely confidential within Lindsay Rose Holistic Health and not shared with outside sources, unless you request otherwise by signing a consent form for the release of records.

The privacy policy outlines what Lindsay Rose Holistic Health does to ensure that:
• Only necessary information is collected about you; Information is only shared with your consent; Storage, and destruction of your information comply with existing legislation, and privacy protection protocols.

How Lindsay Rose Holistic Health Collects, Uses and Discloses Client's Personal Information
• To assess your health concerns and provide holistic health care and treatment
• To advise you of session options or with therapist/practitioner referral options
• To provide follow-up contact and care
• To establish and maintain contact with you via appointment reminders, emails and updates
• To process credit card payments if applicable
• To comply with all regulatory and legal requirements including court orders, statutory requirements to advise authorities of child abuse, reportable diseases and individuals who may be an imminent threat to harm themselves or others

By signing the Client Consent section of the intake form, you agree to give your consent to the collection, use and/or disclosure of your personal information as outlined above.