

**HolEssence — Certified Holistic Therapies
Client Intake Form**

Name _____

Street Address _____

City, State, and Zip _____

Please provide the **best** phone number (with area code) to reach you at:

Home _____

Cell _____

Work _____

Email Address _____

Referred by _____

Occupation _____

Date of birth _____

Favorite Color _____

My insurance and/or a healthcare account will reimburse me for therapies that are holistic in nature.
As such, please provide me with a formal receipt after each session: Yes No

The **purpose** of my visit — please circle all that apply:

- | | | |
|---------------------|------------------|-----------------------|
| Preventive Medicine | Stress Reduction | Health Issue |
| Balance Energy | Relaxation | ionSpa® Detox Therapy |
| Other _____ | | |

Are you currently receiving medical/therapeutic treatment? Yes No

If yes, please explain _____

Are you currently experiencing any **high stress** situations? If yes, please circle all that apply:

- | | | |
|-------------------|-------------|---------------------|
| Loss of loved one | Loss of job | Selling/buying home |
| Bankruptcy | Divorce | Family dispute |
| Other _____ | | |

Birth Order: Oldest Middle Youngest Twin Only Child Other _____

I feel that I am: *over weight* *under weight* *just right*

If you did not circle 'just right', please explain the action steps you are currently taking to achieve your desired weight _____

Please specify any known **allergies** _____

Have you ever had a **surgical procedure** that resulted in the **full or partial removal** of an organ, gland, or limb (i.e., appendix, gall bladder, reproductive organs, mastectomy, fingers, toes)? If yes, please explain _____

Have you ever had a **surgical procedure** on your **neck** and/or **back**? If yes, please explain _____

Are you a **vegetarian** or **vegan**? If yes, please describe how you get your protein _____

Do you suffer from **chronic fatigue**? If yes, please explain _____

Do you **exercise** on a *regular* basis? If yes, please describe _____

Do you drink **caffeinated** beverages? If yes, please circle all that apply: Coffee Soda Tea

Do you drink **alcoholic** beverages? Yes No

If yes, approximately how many drinks per week? _____

Do you drink 64 oz. of **water** every day? Yes No

Do you **smoke**? Yes No

If yes, do you want to quit? Yes No

If yes, what action steps are you taking to quit? _____

Do you eat **nutritionally balanced** meals? Yes No

Do you get at least *6-hours* of **uninterrupted sleep** every night? Yes No

If no, please explain why not _____

Do you carve out **uninterrupted ‘me’ time** for yourself on a weekly basis? Yes No

If no, please explain why not _____

IONSPA® DETOX THERAPY

If you are at HolEssence for ionSpa® Detox Therapy, it is important for you to read and understand the following information:

Contraindications

The ionSpa® should *not* be used by

- Persons with a Pacemaker or any other battery-operated or electrical implant.
- Pregnant women and breast-feeding mothers.
- Organ transplant recipients.

Important ...users *must* adhere to the following

- Please remove all jewelry — persons should not wear metal, use a computer or cellular phone during an ionSpa® session.
- Persons with **low blood sugar** should eat *before* using the ionSpa®,
- Though not dangerous, persons having a **metal joint implant** may find exposure to the electromagnetic field generated by the ionSpa® to be uncomfortable. In the event of discomfort, stop using the ionSpa® immediately. You may try lowering the power setting to a more comfortable level.
- Persons taking **prescription medication** should take their meds *after* the detox session or four hours *prior* to their ionSpa® therapy.

ENERGY-BASED THERAPIES

If you are at HolEssence for any energy-based therapies with Laurie Buchanan, it is important for you to read and understand the following information:

Laurie Buchanan is a Holistic Health Practitioner who is Board Certified with the American Association of Drugless Practitioners. She is a Doctor of Philosophy in Holistic Therapies. As such, she is not going to diagnose or prescribe medication. Her approach to your well-being incorporates the use of *complementary* medicine to assist you in achieving your personal health goals. She uses natural, energy-based therapies to trigger the body’s innate ability to heal itself. Some of these modalities include Reflexology, Crystal Therapy, Reiki, Cranial Therapy, Therapeutic Touch, Hemi-Sync, Vibrational Therapy, Breathwork, Aromatherapy, Music Therapy, Thermal Auricular Therapy, and/or Clinical Hypnotherapy. These are *complementary* therapies that are to be used in conjunction with — *to complement* — conventional medicine. They are *not* to be used as a medical substitute.

My signature below indicates that I have read and understand this document, and that the information I have provided is accurate.

Signature

Date