



## CONFIDENTIAL CLIENT APPLICATION

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship Status: Single Married Partner Separated Divorced Widow Widower

Spouse/Partner Name: \_\_\_\_\_ # of children \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you enjoy your job? Y N

Primary Reason for seeing us: \_\_\_\_\_

Have others helped you with the problem: \_\_\_\_\_

What are your expectations after the sessions: \_\_\_\_\_

Who can we **thank** for your being here (who referred you): \_\_\_\_\_

Check conditions listed below which you have experienced: Use P for over a year ago, C for current

### METABOLISM

☐ Weight Gain  
☐ Weight Loss  
☐ High/Low BP  
☐ Blood sugar  
☐ Thyroid

### SKIN

☐ Rash  
☐ Eczema  
☐ Dry Skin  
☐ Acne  
☐ Recent Botox  
☐ Any recent substance  
Injection under skin

### EYES/EARS/MOUTH

☐ Headaches  
☐ Dizziness  
☐ Ringing in Ears  
☐ Blurred Vision  
☐ Sinus Problems  
☐ Difficulty Swallowing  
☐ Mouth Sores

### DENTAL

☐ Tooth Problems  
☐ Root Canals  
☐ Amalgam Fillings  
☐ Difficulty chewing  
☐ TMJ

### CHEST

☐ Chest Pain  
☐ Palpitations  
☐ Cough  
☐ Shortness of Breath  
☐ Asthma

### NEUROLOGIC

☐ Numbness or Tingling  
☐ Weakness  
☐ Insomnia  
☐ Poor Balance

### MALE

☐ Prostate  
☐ Cancer

### DIGESTION

☐ Heartburn  
☐ Abdominal Pain  
☐ Gas/Bloating  
☐ Diarrhea  
☐ Constipation  
☐ Blood in stool  
☐ History of Ulcers  
☐ Colitis  
☐ Liver Disease  
  
URINARY  
☐ Frequent Urination  
☐ Difficulty starting  
Urination  
☐ Urinary Incontinence

### ALLERGIES

☐ Medications  
☐ Chemicals  
☐ Foods  
☐ Plants

### FEMALE

☐ Pregnant  
☐ Problems with periods  
☐ Cancer  
☐ Breast Tenderness  
☐ Breast Implants  
☐ Menopausal Symptoms

### STRUCTURAL

☐ Arthritis  
☐ Bursitis  
☐ Osteoporosis  
☐ Foot/Ankle Swelling  
☐ Blood Clots/Phlebitis  
☐ Varicose Veins  
☐ Recent Surgery  
☐ Neck Pain/Problems  
☐ Back Pain/Problems  
☐ Sciatica

### IMMUNE

☐ Chronic Fatigue  
☐ Fibromyalgia  
☐ Yeast Infections  
☐ Past viral infections  
☐ Past Strep or Mono  
☐ Epstein- Barr  
☐ Lyme



**Medications, Herbs, Supplements (list name, dose, and purpose)**


We recommend drinking 90 - 128 ounces of water daily starting on the day before your first session and for the days of integration.

Do you expect any difficulty with this? Y N

Explain: \_\_\_\_\_

How much do you use? Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_

Coffee/Tea \_\_\_\_\_ Drugs/Marijuana \_\_\_\_\_

Injuries/Accidents? Y N When & Describe \_\_\_\_\_

Traumatic life events leading to any illness: \_\_\_\_\_

Toxic Exposures: \_\_\_\_\_

Describe other medical conditions that we should be aware of: \_\_\_\_\_

\_\_Cancer \_\_Heart Problems \_\_Stroke \_\_Seizures \_\_Diabetes \_\_MS

Other: \_\_\_\_\_

Areas in body of complaint or tension: \_\_\_\_\_

Surgeries with dates (include location of metal plates/rods/screws) \_\_\_\_\_

Family medical history: \_\_Diabetes \_\_Heart Problems \_\_High BP \_\_Cancer \_\_Alzheimer's

Other: \_\_\_\_\_

Current Pain Level (1=very low, 5=very high): 1 2 3 4 5 Explain: \_\_\_\_\_

Current Stress Level (1=very low, 5=very high): 1 2 3 4 5 Explain: \_\_\_\_\_

Current Energy Level (1=very low, 5=very high) 1 2 3 4 5 Explain: \_\_\_\_\_



Harmonic Egg & Wellness KC, 7799 Quivira Rd. Lenexa, KS

1. Plan to dress comfortably when visiting Harmonic Egg & Wellness KC. We also ask you to refrain from wearing any perfumes or colognes. All metal, including jewelry must be removed for the session. Pacemakers and implanted metal are permissible.

We suggest you be prepared to relax during your session. It doesn't matter whether a person sleeps, and it doesn't matter if your eyes are open or closed.

2. Use the time to relax and heal. Long walks and hiking, shopping and strenuous exercise are discouraged after sessions. Your health is the most important thing. It should be your priority in life above everything else. Your health allows you joy, love, productivity and creativity to flourish.

3. Should you plan more than one visit? Everyone is different; thus the number of sessions is dependent on the individual. Please discuss this with the practitioner after your session. Most people need 3-10 visits to see good results. We do have packages available for purchase. After you achieve the level of wellness you wish to achieve maintenance sessions are recommended.

Factors that can be controlled by the individual which would aid the healing process are: drinking the required water, eating a good diet and staying away from stimulants such as coffee, tea and nicotine/marijuana, eliminating the use of alcohol or drugs, avoiding emotional, environmental or physical trauma, getting enough rest and the big one...try to avoid STRESS.

4. Please reschedule any blood work, massage, acupuncture, biofeedback, cranial sacral, EMDR, use of the BioMat or any other energy work for 5-7 days after doing a single session. People who perform energy work will be fine doing their work, but do not want to have work done on them.

5. Commit to drinking about 60-90 ounces to a gallon of water a day, depending on the diet, for about 5-7 days after a session.

6. By signing this you are acknowledging Harmonic Egg & Wellness KC is not your primary care physician.

7. Cancellation Policy requires 24 hours notification or you will be asked to pay the session fee. Thanks for understanding.

X\_\_\_\_\_

By signing this form, you the client, are agreeing to all the above.

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_



Harmonic Egg & Wellness KC, 7799 Quivira Dr. Lenexa, KS

## INFORMED CONSENT/CLIENT DECLARATION

I hereby voluntarily consent to a relaxation therapy session at Harmonic Egg & Wellness KC (will be referred to HEWKC in the rest of this document). I have read the program protocol and conditions and agree to comply with all recommendations, to the best of my ability, in order to receive maximum benefit.

I am responsible for the decision to seek this type of relaxation therapy program that could include improvement of the physical, psychological / emotional and environmental aspects of my illness. I recognize that the HEWKC staff do not treat any specific disease or illness and they are not licensed, certified, or registered by the state as a health care professional. However, all staff members are trained technicians and possess the proper training for administering sessions for clients. I recognize the possibility that this program may not prove successful or accomplish the results I expect or hope for. I understand that best results are obtained with a package program / protocol and membership.

I am fully informed that this approach to health differs from, and may not be recognized by, traditional medical standards. Clients should discuss any recommendations made by HEWKC with their medical professional. As further inducement to HEWKC to provide services for me, I hereby waive any claims and demands that I might now or hereafter have against HEWKC which we are doing business on their property.

I understand that HEWKC reserves the right to deny treatment if it is not deemed by HEWKC to be in the best interest of the client(s) or staff.

It is understood that any therapy sessions, remedies, nutritional supplements, or treatment modalities are intended to enhance overall body performance and are not intended or implied to treat or "cure any specific illness." It is understood that any suggestions regarding remedies and nutritional supplements are only HEWKC's best recommendation and are at no time to be considered a prescription.

Date: \_\_\_\_\_

Client Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_