New Patient Intake Form

Client’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

We advocate opt-in, non spam policies for email communications.

Do you wish to receive our free newsletter with strategies for improving health by email?

Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If client is under age 18, please have the legal guardian or parent fill out the following:

Name:

Phone: (if different than above) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: (if different than above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Client Information and History**

Describe your main manifestations (the reason you are seeking qi gong care):

If a family member has the condition, please write “F” in the box. If you have the condition, please write “S” for self. Write both “F” and “S” if you and a family has the condition.

|  |  |
| --- | --- |
| Digestive issues | Weak Muscles or Aches |
| Bruising or bleeding | Prolapsed organs |
| Anemia | Lymphatic congestion |
| High or low blood sugar | Thyroid Imbalances  Low thyroid  Overactive thyroid |
| Anxiety | Diarrhea |
| Constipation | Headaches/migraines |
| High blood pressure | Joint pain: Nerve pain: |
| Tendon or ligament issues | Eye issues |
| Heart issues | Overactive emotions |
| Poor immunity | Asthma or other lung issues |
| Skin rashes | Acne |
| Viral infections | Infertility |
| Allergies | Chronic viral infections |
| Fatigue | Knee issues: Spine issues |
| Concentration challenges | Memory issues |
| Head injury | Neck pain: Back pain: |
| Menstrual issues/PMS | Liver/Gallbadder disorders |
| Cancer | Erectile Dysfunction |

List any conditions that you feel the practitioner should know about that is not listed above or feel free to elaborate on your experience with any items that you marked “S”:

List any major surgeries and the approximate dates: (continue on back page if needed)

List medications that you are taking including vitamins, herbs, or any supplements or substances that may impact the energy of your body:

Do you have any difficult sleeping? If so, please describe if you have trouble falling asleep or staying asleep, or both?

How is your energy level? Do you rise refreshed after sleep or do you feel tired after a night’s rest?

What is your diet like?

What type of exercise do you engage?

Do you drink?

Smoke?

Use recreational drugs?

**Express Assumption of Risk**

I, the undersigned, am aware that there are risks involved in physical training, including but not limited to the physical training inherent to all exercise activities, and that my participation in such a physical training program carries with it the potential for death, injury and or property damage. The risks include but are not limited to strains, sprains, and falls, and may also include risks caused by facilities, temperature, weather, equipment, lack of hydration, and actions of others including the instructor.

I also understand that medical qi gong bodywork is not a replacement for traditional western allopathic medical care. Medical qi gong is a way of working with the energy of the body with “off-the-body” techniques and light brushing to help promote greater health and wellness overall and may be combined with qi gong movement instruction to help clients to develop self care tools to enhance their well being. I understand that medical qi gong is not massage therapy, nor will massage therapy be offered to clients.

I also understand that although very gentle, medical qi gong can evoke what is known as healing crisis where symptoms may temporary increase but then resolve within 24 to 48 hours. If this occurs, I understand that I need to contact the practitioner to receive self care instructions or come back in for another appointment to help support this process.

I also understand that I need to fully disclose medications, recreational drugs and any other substances that might impact my energy flow to enable the practitioner to best assist me, and that without fully disclosing such information, I may increase my risk of experiencing adverse effects from medical qi gong movement and bodywork therapies.

I am aware of these risks and willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury that may result from participating, volunteering, or watching any physical training or clinical energy protocols included in this program.

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger others or me as I engage in this program of training or clinical work, and that if I have unique needs that I have fully disclosed this to the practitioner so that modifications can be made to protocols. I agree to inform the practitioner of any special needs that may require modification of the physical activities or medical qi gong clinical protocols.

Initials \_\_\_\_\_\_\_\_\_

**Indemnification**

I, the undersigned, recognize that there is risk in the types of physical activities offered. Therefore, I accept financial responsibility for any injury that I may cause to myself due to negligence. Should the practitioner be required to incur attorney’s fees and costs to enforce this agreement, I agree to reimburse the practitioner for such fees and costs. I further agree to indemnify and hold harmless the practitioner from liability for injury of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered. This includes but is not limited to parks, recreational areas, studios, and other areas selected for training.

Initials \_\_\_\_\_\_\_\_

**Arbitration and Governing Law**

The laws of the State of Texas shall govern this agreement (without direct reference to its principles of conflicts of law), and venue for any court proceeding shall be in the State of Texas, and any right to jury trial shall be waived. I agree that my sole remedy for any dispute, whether in contract, tort, or otherwise, with the practitioner is to submit to binding arbitration with an arbitrator within six months of the incident giving rise to the cause of action, even if that time is less than applicable statue of limitations. In the event of arbitration, I will pay the costs of the arbitrator and other costs of arbitration, and I will be responsible for all the costs for my own legal counsel.

I have read and understand the foregoing assumption of risk and release liability and I understand that by signing it, I am obligated to indemnify the parties named for any liability of injury of any person and damage to property caused by my actions or omissions. I understand that by signing this, I am waiving valuable rights.

Signature:

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