



PATHWAY TO PEACE



## Client Intake Form

Patty Oser, Holistic Energy Practitioner

Client Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

Occupation \_\_\_\_\_ Referred by \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Last visit \_\_\_\_\_

Current medical issues \_\_\_\_\_

Current medications \_\_\_\_\_

Current other therapy \_\_\_\_\_

Reason for visit \_\_\_\_\_

\_\_\_\_\_

### Current Health Issues?

Sleep Problems	Y / N	Sinus Issues	Y / N
Headaches	Y / N	Allergy Issues	Y / N
Diabetes	Y / N	Asthma	Y / N
Hypoglycemia	Y / N	Breathing Difficulties	Y / N
Hyperglycemia	Y / N	Skin Conditions	Y / N
Heart Condition	Y / N	Joint Problems	Y / N
Numbness	Y / N	Addiction	Y / N
Seizures	Y / N	Exposure to	
Low Blood Pressure	Y / N	Harmful Chemicals	Y / N
High Blood Pressure	Y / N	Do you Smoke	Y / N
Menstrual Problems	Y / N	Do you use	
Menopausal Issues	Y / N	Recreational substances	Y / N

**Health History (Include description of issues)**

- Urinary**                    **Y / N** \_\_\_\_\_
- Cardiovascular**            **Y / N** \_\_\_\_\_
- Musculo-Skeletal**        **Y / N** \_\_\_\_\_
- Immune/Lymphatic**      **Y / N** \_\_\_\_\_
- Digestive**                    **Y / N** \_\_\_\_\_
- Respiratory**                **Y / N** \_\_\_\_\_
- Reproductive**              **Y / N** \_\_\_\_\_
- Nervous system**          **Y / N** \_\_\_\_\_
- Car Accident**              **Y / N** \_\_\_\_\_
- Serious Falls**              **Y / N** \_\_\_\_\_
- Concussions**              **Y / N** \_\_\_\_\_
- Seizures**                    **Y / N** \_\_\_\_\_
- Addiction Issues**        **Y / N** \_\_\_\_\_

**Health Concerns (Include details)**

- High Stress**                **Y / N** \_\_\_\_\_
- Major surgery**            **Y / N** \_\_\_\_\_
- Serious illness**          **Y / N** \_\_\_\_\_
- Major Emotional Upsets** **Y / N** \_\_\_\_\_
- Pregnancy/Childbirth**   **Y / N** \_\_\_\_\_
- Major Medical Issues**    **Y / N** \_\_\_\_\_

**Areas you want to improve on?** \_\_\_\_\_  
\_\_\_\_\_

**Anything else I should know about?** \_\_\_\_\_  
\_\_\_\_\_

## **Privacy Policy (For Collection, Use and Disclosure of Personal Information.)**

Beginning January 1, 2004 the Canadian Federal Government's Privacy Legislation, the Personal Information Protection and Electronic Documents Act (the "Act") came into force for private business. Pathway to Peace is committed to protecting your personal information in accordance with this Act.

In general, the Act requires Pathway to Peace obtain your consent before obtaining or using information about you or disclosing this information to others (there are some exceptions). This requirement also applies to personal information already been collected about you before January 1, 2004. This notice explains why I collect personal information, how it will be used and steps being taken to ensure your privacy is protected.

At Pathway to Peace, Patty Oser acts as the Privacy Information Officer.

**What is personal information?** Personal information is information that identifies a person as an individual. It includes information such as name, address, telephone number, email address, date of birth, medical history and medical records.

**What happens to personal information?** All personal information collected by Pathway to Peace is placed in a locked filing cabinet or under password controlled computer access, which can only be accessed by the Practitioner. From time to time case histories may be presented in lectures or written material, in which case all personal identifying information is excluded.

I will collect, use and disclose information about a Client for the following purposes:

- To access health concerns
- To provide health care
- To advise of treatment options
- To establish and maintain contact with a client
- To send clients any informational mailings
- To remind clients of upcoming appointments
- To communicate with other treating health-care providers
- To allow me to efficiently follow up for treatment, care and billing
- To collect unpaid accounts
- To assist Pathway to Peace to comply with all regulatory requirements
- To comply generally with the law

By signing a Client Intake form, you have agreed that you have given your informed consent to the collection, use and/or disclosure of Client personal information as outlined above.

## **Cancellation Policy**

A minimum of 24 hours' notice is required for cancellation of a booking, or you will be charged the full session fee.

## **Consent to Services**

A Client Intake Form must be signed before any treatment will be rendered. That signature acknowledges that the client (or guardian/parent if under 18) has read this document and understand that the ultimate responsibility for client own health is theirs alone. You agree with the commitments of this office, agree to abide by the office and its financial policies. You have agreed to request, and consent for the Client to receive, energy balancing services from Pathway to Peace, or any person delegated by this office to supply or assist in supplying such services (collectively called the Practitioner).

Energy balancing is a holistic practice that only seeks to balance the energy fields of the human body. Balancing means the optimum flow of energy, which creates the harmonious functioning of the body. We are working with the clients' perception of "emotional reality" and this will be honored as such. Emotional Reality may or may not correspond with Actual or Historical Reality. Energy Balancing Services are not a medical treatment and is not a substitute for professional medical, naturopathic, chiropractic and psychiatric or psychological treatment.

Each person seeking care from me must understand I am a Practitioner in the Bio-computer Operating System (BOS), and may use other non-invasive forms of body-work which are not orthodox medical practices for assessment and correction of bodily dysfunction, such as Medical intuition, Therapeutic Touch, and Craniosacral. I am not a Medical Doctor. If standard medical diagnosis or treatment is required it must be obtained from a licensed Medical Doctor.

## **Limitation of Liability**

It is hereby agreed between the Client and the Practitioner, that in consideration of the client receiving energy balancing services, the Practitioner shall NOT be held liable, in contract or in tort, for any personal injury of any nature whatsoever that rises from, is the result of, or by failure to continuing supplying energy balancing services.

Energy Balancing Services are not a medical treatment and is not a substitute for professional medical, naturopathic, chiropractic and psychiatric or psychological treatment. The Practitioner is not a Medical Doctor. If standard medical diagnosis or treatment is required it must be obtained from a licensed Medical Doctor.

Acceptance: I am over 18 years of age, and have been provided, read and understood the contents of this client intake form as well as the Practitioner's Privacy Policy, Cancellation Policy, and Consent to Services, and agree to and accept them. I accept proceeding with energy balancing services from the Practitioner, of my own free will and informed choice. I assume full responsibility for any medical condition, disclosed or undisclosed, any drug or alcohol use or any serious mental or emotional problem that the Client may have.

Client's signature (or parent/guardian if client is under 18 years of age):

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