

INFINITE WELLNESS CENTER, LLC

Client Intake & Consent

NAME: _____ DOB: _____ DATE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Did someone refer you? Who? _____

Are you currently receiving any medical or psychological treatment, or taking any medications for known health conditions? Please describe:

Please list any allergies: _____

What service(s) brought you to *INFINITE WELLNESS CENTER*?

- | | | |
|---|--|---|
| <input type="checkbox"/> Ayurvedic Consultation | <input type="checkbox"/> Detoxification | <input type="checkbox"/> Hypnosis Therapy |
| <input type="checkbox"/> Vedic Astrology | <input type="checkbox"/> Emotional Release | <input type="checkbox"/> Reiki / Animal Reiki |
| <input type="checkbox"/> Shirodhara | <input type="checkbox"/> Energy Balancing | <input type="checkbox"/> Spiritual Counseling |

GENERAL CONSENT: I understand that any healing sessions given involve a natural method of energy balancing for the purpose of stress reduction, relaxation, and healing, and are not a replacement for medical treatment. I understand that the sessions provided are complementary to and separate from medical services licensed by the state. I understand that nothing said, typed, printed, or produced by *INFINITE WELLNESS CENTER* is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician. The practitioners of *INFINITE WELLNESS CENTER* will not interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed health care professional for any physical or psychological condition I may have. I accept total responsibility for my own health care. I affirm that I have stated all known medical conditions, mental and / or physical, as well as any current prescription medication above. I agree that, prior to any appointment, I shall inform my practitioner of *INFINITE WELLNESS CENTER* of any changes in these conditions, and that there shall be no liability on their part if I fail to do so. Having read, completed and understood the foregoing, I request to receive a session today and during any visit hereafter. I understand that all practitioners of *INFINITE WELLNESS CENTER* are providing services for me at my request, and are not responsible for the outcome of the session. I agree to hold all practitioners of *INFINITE WELLNESS CENTER* harmless. By signing below, I acknowledge and fully agree with the above information.

CLIENT (Guardian's) NAME: _____

SIGNATURE: _____ DATE: _____

PRACTITIONER SIGNATURE: _____



