4 Weeks to Wellness Client Information and Consultation Form

Name.....Date.....
Last First Init

Address.....
No Street City State Postcode

Home Phone .....

Work Phone .....

Email .....

Date of Birth .....Emergency Contact .....

Occupation .....

This appointment is for Symphony of the Cells 4 weeks to Wellness

Have you had a Symphony of the Cells before? YES / NO.....

If Yes, how long ago .....

List Current Medications.....

List any Allergies .....

Place a check mark next to any of the following that apply

- ❑ Frequent headaches
- ❑ Arthritis
- ❑ Varicose Veins
- ❑ Osteoporosis
- ❑ Fibromyalgia/Chronic Fatigue
- ❑ Chronic Back/Neck Pain
- ❑ Blood Clots/Phlebitis
- ❑ Cancer (currently or within past 12 months)
- ❑ Injuries within past 12 months
- ❑ Surgeries within past 12 months
- ❑ Any skin rash or condition
- ❑ Diabetes
- ❑ Pregnant (due date.....)
- ❑ High Blood Pressure
- ❑ Any contagious Disease / illness
- ❑ Allergies (skin, drug, other)
- ❑ Scoliosis
- ❑ Inflammation / swelling
- ❑ Cardiac or circulatory problems

Do you have any other medical conditions?.....

What outcome do you expect from this Symphony of the Cells technique.....

.....

Please Read The Following Information and Sign Where Indicated

I understand that the technique I receive is provided for the basic purpose of application of essential oils. This technique is not a substitute for medical attention so please consult with your own medical specialist.

If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the technique can be altered. In addition, if I am uncomfortable for any reason, I may ask that the session be stopped immediately.

Draping will always be using during these technique sessions.

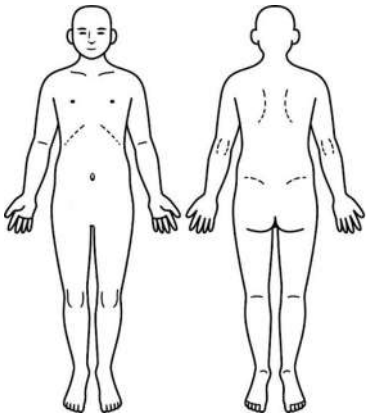
Any illicit or sexually suggestive remarks or advances made by me (the Client) will result in the immediate termination of the session.

Client Signature ..... Date .....
.....

For Therapist Use:

Application Performed	Date	Result	Signature
Digestive			
Lymphatic			
Forgiveness			
Inflammatory			
Solar			
Hormone B			
Cellular			
C2			
Id			
Emobic			

"X" indicates the area of the body where pain still exists.



Symphony of the Cells to be performed. (Please circle complete)

Digestive
Lymphatic
Forgiveness
Inflammatory
Solar
Hormone B
Cellular
C2
Id
Emobic

Therapist Signature: .....

Date: .....