

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Birth Date \_\_\_\_\_ Prostheses (*glasses, contacts, plates, dentures etc.*) \_\_\_\_\_

Primary Concern/s:

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

Medical Conditions:

- Chronic pain
- Fracture
- HIV/Aids
- Cancer
- Skin Condition
- Heart Condition
- Seizures
- Allergies
- MS
- Chronic pain
- Osteoporosis
- Chronic Fatigue (S)
- Varicose Veins
- Migraines
- High Blood Pres
- Hypertension
- Diabetes
- Pregnancy

Surgeries/Injuries:

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

Problem Areas:

- Shoulder R/L
- Neck
- Wrist R/L
- Hand R/L
- Ankle R/L
- Lower Back
- Mid Back
- Hips R/L
- Knee R/L
- Abdominals

Lifestyle: (weekly)

- Exercise (x )
- Tobacco (x )
- Caffeine (x )
- Sleep (x daily)
- Medication:
- Alcohol (x )
- Other (x )
- Water (x daily)
- Cravings (x )

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

I the undersigned confirm the information given above to be true and accurate as I understand it to be at this time. I understand that this is a non-medical holistic service and in no way is a replacement for medical treatment or advice. I have been informed of the potential changes and reactions that can occur during and after this holistic treatment and accept the responsibility for such changes.

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

## Code of Ethics

- This practitioner recognizes that the primary obligation is toward the client and at all times must practice my skills to the very best of my ability for the benefit of the client. The comfort, safety and welfare of the client always has priority over any other requirement.
- Consultation, assessment and treatment will only be carried out with the full consent of the client (or the parent or guardian in the case of minors).
- Any knowledge gained during consultation and assessment, or in the course of the professional treatment will not be divulged to anyone without the client's consent, except as required by law.
- I will not deliberately mislead or misdirect, for my own gain, a client seeking advice or treatment.
- All reasonable care will be taken to ensure adequate hygiene, quality of materials supplied and safety of equipment used.
- In general I will accept all clients seeking treatment upon determining that this treatment will not be in conflict with any other holistic or medical condition or treatment currently being received or experienced by the client.
- I will keep all records of assessment and treatment confidential and safe. I will at any time allow the client to review their record upon request.
- I reserve the right to cancel any client treatment at any time as I see fit to do so.
- I will share professional information with other professional practitioners upon request of the client should they desire me to do so.
- I will not attempt to treat conditions that are above my level of understanding or training and will refer clients to appropriate practitioners and/or their personal physicians should this situation arise.
- I will make every effort to maintain conditions as to reflect a credit to my profession. I will conduct myself in a manner befitting a professional Health Care Practitioner and will not bring my profession into disrepute.
- I will post any fee changes one month in advance of the time of the change.

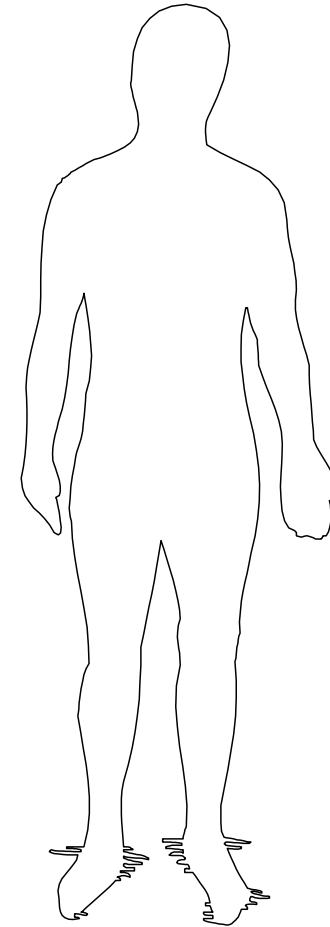
### Homework:

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Next Appointment: \_\_\_\_\_



**Remember: if there is no personal modifications  
healing results will be temporary!**

York Region Centre for  
Natural Health

BodyTalk  
Newmarket