

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: _____

Potential Reactions to Treatment

- Tiredness

This is very common and simply an indication that the body requires rest

- Stiffness

May occur up to 7 days post treatment and is an indication that there are physical shifts occurring in the body.

- Nausea

Varying degrees of nausea may occur during and after treatment. This is an indication that the bodies energetic systems and meridians are shifting and rebalancing.

- New Pain

Occasionally you may feel a new pain as the old pain shift and disappears. Most commonly this is a previous problem resurfacing as the bodies begins to realign and rebalance.

- Bladder/Bowel response

Irregularity in waste excretion may occur as the bodies response of detoxifying post treatment. Should this become extreme or continue unchanging beyond three days please contact a medical doctor.

- Flu Symptoms

It is not uncommon to feel a combination of flu symptoms up to one week post treatment including headaches, sinus response, runny nose, achy and stiff muscles and general tiredness. This is the bodies reaction to energetic shifts and energetic meridian work, and is common as the body begins to rebalance itself.

- Emotion

It is common to experience a range of emotion during and after treatment. Energy based therapies can often stir deep emotional responses as the physical body experiences energetic shifts. As the physical form experiences a release, deeply held emotions are also released. This is part of the energetic healing process, and should settle within a week.

Post Treatment Care & Follow-up

- Epsom Salt Bath

This will help remove the waste products from your body i.e. amino acids. Dissolve 2 cups of salts in bath water and soak for at least 20 minutes. Follow with a lukewarm shower to help cool the body down and rinse away residue.

- Water

It is very important to increase your water intake for at least three days following treatment. This will help flush the toxins and residue from your body's systems and re-hydrate your muscles. Avoid alcohol and caffeine, as these are not only toxins themselves but will also suppress the release of toxins in the body, as well as dehydrate the muscles.

- Rest

Do not undertake any "taxing" physical work directly after treatment. Try to book follow up appointments after working hours on days off. As well, try to spend some quiet "down" time following treatment to help with emotional integration and energetic shifting.

- Ice/Heat

If there is swelling in any area apply an ice pack (frozen peas work well) to the effected area for 10 minute intervals for a maximum of 30 minutes, following a 10 minutes on – 10 minutes off regime. If there is extreme stiffness in an area place a heating pad/pack on the area for a maximum of 15 minutes, no more than three times per day.

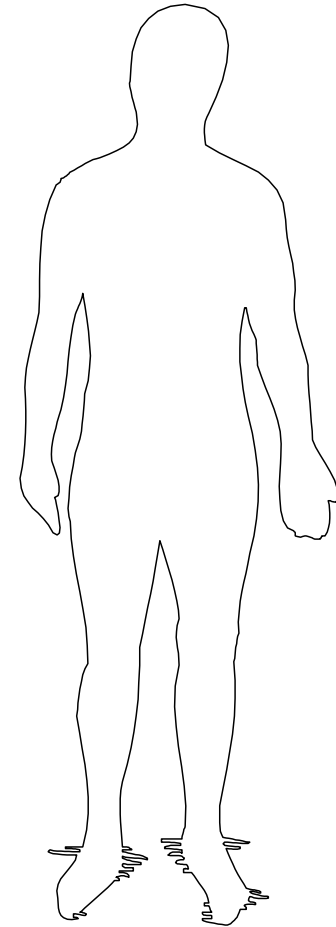
- Exercises

Practicing the exercises that I show you, as directed, will aid in keeping you in a flexible relaxed state in between treatments. Practice is necessary for increased mobility and a decrease in stiffness and pain.

York Region Centre for
Natural Health 

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:

Next Appointment:

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

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