

Nature's Intention

Energy Medicine

Connecting Body, Mind, Heart and Soul

The source of all healing and wellness is within you!

Health & Well Being History Form

PLEASE PRINT

Name	Date of Birth	Age
Address		Postal Code
Phone Numbers: Home	Work	Cell
Email Address	Occupation	

Whom may I thank for referring you?

Describe your main health concern/s for which you seek therapy. (Please include specifics and dates when each problem occurred. Are daily activities affected by these concerns? Have you experienced these concerns previously?)

Past medical history (previous injuries, accidents, surgeries, etc. Please describe and include approximate dates)

Medications/Drugs:

Name of Drug or Herb:	Dosage taken how often:	Reason for taking:
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Please list any other kind of healthcare professional you are seeing for this/these concern/s:

Please list any medical tests you have had within the past year:

What are your goals from this/these sessions?

Please circle any of the following feelings you have experienced in the last few months.				Please indicate the level of stress for the below listings.
Abused	Paranoid	Unable to grieve	Panic	My family stress is ___ none ___ minimal ___ moderate ___ Severe
Criticized	Overwhelmed	Apprehensive	Intolerant	
Overworked	Muddled	Agitated	Uncertainty	My relationship stress is ___ none ___ minimal ___ moderate ___ Severe
Paralyzed	Persecuted	Uneasy	Aggravated	
Depressed	Guilty	Distress	Annoyed	My work stress is ___ none ___ minimal ___ moderate ___ Severe
Rejected	Easily irritated	Fearful	Angry	
Despair	Anxious	Impatient	Outraged	My financial stress is ___ none ___ minimal ___ moderate ___ Severe
Hopeless	Sad	Intimidated	Nervous	
Helpless	Grieving	Restless	Worried	My health stress is ___ none ___ minimal ___ moderate ___ Severe

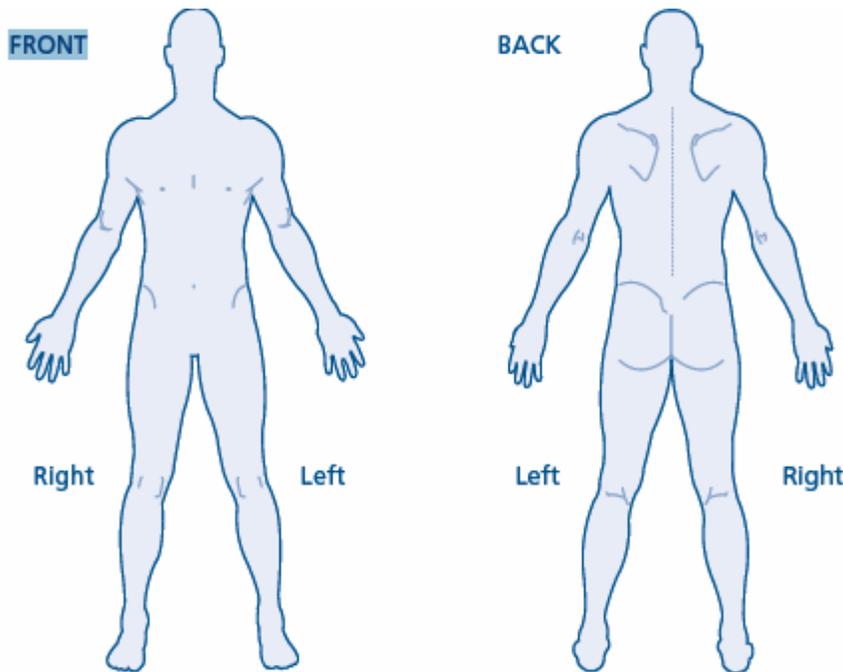
How much time do you have for yourself to relax and what do you do to relax. i.e. hobbies, mediation, etc.

Do you exercise? And if so, what kind and how often?

How many hours a night do you sleep? ___ Is your sleep restful? ___ If not, please explain ___

Please circle areas of pain and indicate the level of discomfort on a scale of 1 to 10.

(1 being slight / intermittent, 10 being severe / chronic)



Comments:

Consent Form

I, _____ (print name) consent to the energy session for myself or my minor child _____ (print name). I understand that such services involve and require different parts of my body to be touched and I hereby consent to the touching of my body, or my child's body by Kim Corbin. I recognize that such sessions are intended to increase communication within my body, or that of my child's for the purpose of balancing mind, body, heart and soul. I understand that participation is voluntary and I may choose to end such session at any time. I am aware that 'healing reactions' may be experienced during the 24 to 48 hours following the session.

I assume full responsibility for my health or that of my child's. I understand that these services are not a substitute for medical treatment or medications prescribed by a medical practitioner. I am aware that no diagnosis is given and Kim Corbin does not prescribe medication. I agree to continue to have regular medical check-ups as part of my healthcare plan.

I acknowledge that any information provided by Kim Corbin or exchanged during any session is educational in nature and is to be used at my own your discretion. I also understand that any information imparted during these sessions is strictly confidential and will not be shared with anyone without written permission. I do however, give Kim Corbin, consent to use my case history, testimonial and results with use of my first name only.

This consent form shall act as a continuous consent for each session performed by Kim Corbin.

Client's Signature: _____ Date: _____
(or Guardian for minor child)

Practitioner's Signature: **Kim Corbin** _____

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Practitioner's comments:

