CLIENT INFORMATION

Client Name ____ Date: _________
Last First MI
Address ____

Home Phone _______________ Cell Phone _______________email _______________________

Marital Status _____ Occupation ________________________________Birth Date ___________

Referred by: ____

HEALTH INFO

Have you had any of the following? Please check all that apply.

__ AIDS/HIV
__ Allergies
__ Anemia
__ Arthritis
__ Artificial Joints
__ Asthma
__ Auto Accidents
__ Back Pain
__ Bipolar
__ Blood Disease
__ Broken Bones
__ Cancer
__ Detached Retina
__ Diabetes
__ Divorce
__ Dizziness
__ Epilepsy
__ Excessive Bleeding
__ Fainting
__ Glaucoma
__ Growths
__ Hay Fever
__ Head Injuries
__ Heart Disease
__ Heart Murmur
__ Hepatitis
__ High Blood Pressure
__ Jaundice
__ Kidney Disease
__ Liver Disease
__ Mental Disorders
__ Nervous Disorders
__ Osteoporosis
__ Physical Traumas
__ Pregnant Now?
__ Respiratory Problems
__ Rheumatic Fever
__ Rheumatism
__ Seizure
__ Sinus Problems
__ Stomach Problems
__ Stroke
__ Thyroid
__ Tuberculosis
__ Tumors
__ Ulcers
__ Varicose Veins
__ Venereal Disease
__ Other: Present Pains
__ Other not listed, explain

Notes/ Explanations/Surgeries: Please give any additional details for checked items above, including treatments for diseases or conditions, approximate dates, etc, and surgeries:

____

____

Siblings & Their Ages ____
Deaths in Family or other Loved Ones _________________________________

Are you now under the care of a physician for any condition? Yes No
If yes, please explain: ____
____Date of last physical: _________
Do you have any health problems that need further clarification? Yes No
If yes, please explain: ____
____

Please list all drugs, herbs and/or health supplements that are being taken, and how frequently:

____

____

I certify the above information is accurate &complete. Signature: _________________Date___

CLIENT RESPONSIBILITY AGREEMENT

Transformational Breathing® and VortexHealing® are very powerful healing arts. Therefore, it is to be expected that various situations can arise from practicing these healing arts. Certain problems, either physical or emotional, may be alleviated. Deep mystical experiences can occur, as well as life-change realizations. But sometimes, suppressed emotions or physical tensions may receive enough healing energy to be pushed to surface, so they can be released or resolved, and this process may create various emotional or physical symptoms. Deep healing is a process that is *intended* to create changes in one's life, and those changes can manifest physically, emotionally and spiritually. It is all part of the healing process.

I agree that I have read and understood the above paragraph and agree that Allen Baker is not responsible for any individual symptoms that may arise as a result of receiving sessions. I agree to take personal responsibility for whatever physical or emotional symptoms may arise as part of the healing process of receiving sessions, as well as to take responsibility for seeking medical treatment when I perceive it is necessary.

I understand that my practitioner, Allen Baker, is neither a medical professional nor a psychotherapist and that he is practicing neither medicine nor psychotherapy. Although my practitioner may comment on the nature of body energetics and consciousness in relation to disease and mental health, it is understood that these comments are not intended as advice for any course of action for any medical or mental health issues that I may have. I understand and agree that sessions with Allen Baker do not take the place of medical treatment or evaluations, when needed.

I understand that any payments for sessions are not for any specific results but for the time the practitioner takes with me. I agree that I am liable for payment of any scheduled appointment unless I give notice of cancellation at least 24 hours beforehand.

I have read and agree to all of the above.

Client's Signature: ____

Sign Name *Print Name* *Date*

Updated Sept. 5, 2011