Calm Energy Wellness

CLIENT PERSONAL HISTORY
FOR IMMEDIATE RELEASE TECHNIQUE THERAPY

Name: ☐ M ☐ F			**DOB:**
Address:			**Phone:**
City: **State:** **Zip:**			**Email:**
Marital status: ☐ Single ☐ Partnered ☐ Married ☐ Separated ☐ Divorced ☐ Widowed			
Significant Other:		**Referred by:**	
Are you Pregnant now? Yes / No		**Any infant deaths or miscarriages?** Yes / No	
Number of Births		**Number of miscarriages or infant deaths?**	
Family of Origin: # of Boys: **# of Girls:**		**Your Birth Order:**	
Adopted: Yes / No		**Eyeglasses or Contacts:** Yes / No	
Have you ever or are you experiencing any of the following; *(check those that apply)*			
◯ alcohol / drug abuse	◯ heart problems	◯ chronic pain	
◯ operations	◯ depression	◯ overeating	
◯ disease	◯ seizures	◯ fatigue	
◯ suicide	◯ insomnia	◯ traumas	
◯ abuse	◯ other		
Are you in therapy now: Yes / No		**Are you taking any medication:** Yes / No	
If yes, what for?			
Physician:		**Phone:**	
Emergency Contact:		**Phone:**	
Religious Preference:		**Source Name:**	
Presenting Issue(s):			
Desired Outcome:			

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Immediate Release Technique Liability Release

Disclaimer:

I understand the session(s) received are for the purpose of stress reduction and personal growth; and, take personal responsibility of stating here and updating the therapist for all known medical or mental conditions I am now, or may late become aware of; and, It has been made clear to me said sessions are not a substitute for medical examinations and/ or diagnosis by physicians; Further, I hereby agree to have session(s) and hold the therapist completely harmless from any and all problems that might arise as a result of said session(s), wherever they take place. RET/IRT Sessions are not a substitute for medical examination and/ or diagnosis by physicians or licensed mental health practitioner.

Late Arrival Appointment Policy:

A client with a designated appointment has the opportunity during their scheduled time to receive service. If you are late arriving for your scheduled appointment, I will begin your service as soon as you arrive to accommodate the best service, but must finish according to the accommodation and respect of other clients that have scheduled appointments.

Cancellation/Rescheduling/Payment Policy:

I understand there are times when you need to cancel and/or reschedule an appointment due to emergencies. As a courtesy, please kindly contact me by phone either call or text to give me a 24 hour notice of cancellation or rescheduling to avoid a $50 fee. A payment is required to be submitted at the time of your session. Insurance is not available. Your appointment time is reserved exclusively for you and I request that you please review and respect the cancellation policies.

Privacy Policy: *Calm Energy Wellness will not release your records to anyone unless your written consent.*

- ◯ **I acknowledge these policies**
- ◯ **Allow Calm Energy Wellness to send you communication**

Signature_____ Date_____