Personal Information, Confidentiality and Indemnity

Personal Details

Name of client _____

Name of yourself (if different to the client) _____

Date of birth _____

Cellphone number (plus international prefix) _____

Email address _____

Chronic medication _____

Allergies/food intolerances _____

Referred by _____

Medical history

Has anyone in your(or the client's) family or previous generations suffered from the same physical or emotional issues?

Were there any profound incidences in previous generations' lives, like abortions, miscarriages, sexual abuse, suicidal attempts, early death, victims of war? Please specify.

Were there any significant surgeries, hospitalizations, accidents or injuries? Please specify.

What are the main reason/s for undergoing treatments?

Do any of the following conditions currently affect you (or the client), or have **in the past year**:

☐ Lack of energy	☐ Substance addiction	☐ Heart attack/stroke
☐ Arthritis	☐ Mood swings	☐ Lower back pain
☐ Tinnitus	☐ Anorexia/Bulimia	☐ Recurring nightmares
☐ Ovarian cysts/fibroids	☐ Other eating disorders	☐ Gout
☐ Pelvic pain	☐ Sugar/chocolate cravings	☐ Headaches/Migraines

Please Turn Over... ⇨ ⇨ ⇨

□ Vertigo/dizziness	□ 'Black-outs'	□ Head injury, concussion
□ Night sweating	□ Sexual difficulties	□ Osteoporosis
□ Epilepsy / seizures	□ Bloating/flatulence	□ Cancer/tumors
□ Anxiety	□ ADD/ADHD	□ Dental surgery
□ Anger/rage	□ Candida	□ Vertebrae paining/shifted
□ Depression	□ Fear/terror	□ Burnout
□ Sleep difficulties	□ Psychiatric illness	□ Hair loss
□ Diabetes	□ Bi-polar diagnosis	□ Heart attack
□ Sugar intolerance	□ Blood clots	□ Physical feelings of numbness
□ Low blood pressure	□ Hypothyroidism	□ Post Traumatic Stress Disorder
□ High blood pressure	□ Hyperthyroidism	□ Piercings/tattoos
□ PMS	□ Eyesight problems	□ High cholesterol
□ Heart palpitations	□ Hearing difficulties	□ Suicidal thoughts

Are there any additional information regarding the above conditions, or any other health concerns/ conditions that may be important to mention?

Would you like to receive my monthly email Newsletter, with insights, distant group healing sessions and upcoming events? Circle: YES NO

Confidentiality and Indemnity

CONFIDENTIALITY CLAUSE:
Everything discussed within the confines of the time of work together shall remain confidential and shall not be divulged to any third party by the practitioner, unless requested by the client.

CANCELLATION CLAUSE:
I agree to give a minimum of 24 hours cancellation notice if a Skype/Zoom/online session is to be cancelled or changed. Failure to do so will result in full payment of the missed session.

INDEMNITY AND DISCLAIMER:
I agree that I request therapy session/s out of own accord and accordingly indemnify Jani Schneider from any harm, loss or damages of any nature, whether bodily harm, trauma or any other damages to my person, or to the third party whom sessions are requested for, or property resulting from the treatment or advice given, whether directly or indirectly.
Treatments are not intended as a substitute for advice for therapy provided by medical practitioners or psychologists. Treatments are not intended to be diagnostic or therapeutic of any health or psychiatric or psychological issues/problems. No claim or opinion is intended to be, nor should be construed to be, medical advice. If you are taking any drugs(prescribed or not), or have a medical condition, please consult a medical practitioner, who has knowledge of herb/drug/energy healing interactions before receiving any sessions or taking any suggested herbal or natural supplements or advice.

I have read the above, understand it, confirm it to be true, and I agree to adhere to it.

Full name of client _____

Full name of person requesting the session/s _____

Signed _____

Date _____ Place _____