

## MEDICAL / EMOTIONAL HISTORY

Sacred Journeys Wellness Center \* 670 S. Wolf Creek Pk. \* Brookville, OH 45309 \* (937) 902-5199

**All shared information regarding your body, mind, and spirit is kept confidential in compliance with H.I.P.A.A. Privacy Laws and is only used by the therapist for your overall health and well-being.**

Date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

City: State: Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation and/or Any Repetitive Body Movements: \_\_\_\_\_

Exercise:  Regularly  Seldom  Never  
Diet:  Great  Average  Poor  
Please Check If Applies:  Fried Foods  Artificial Sweeteners/High Sugar  
 High Sodium/Salty Foods  Gluten Free  
Sleep Patterns:  Great  Average  Poor  
Do You Remember Your Dreams?  Yes  No  Pattern/Reoccurring  
Drink Water:  6-8+ glasses  3-5 glasses  1-2 glasses  
Drink Caffeine:  Monthly  Weekly  Daily  Rarely/Never  
Drink Alcohol:  Monthly  Weekly  Daily  Rarely/Never  
Smoke/Use Non-Medical Drugs:  Monthly  Weekly  Daily  Rarely/Never

Are You Currently Under Medical Supervision?  Yes  No

Condition(s) \_\_\_\_\_

Medication:  Yes  No

Please list names and why you are taking them or attach list: (ex: High Blood Pressure, Blood Thinner, Anti-Depressants, etc.)

Allergies:  Yes  No

If yes, please be specific (include allergies to scents, fabrics, lotions, etc.)

**PLEASE CHECK ANY OF THE FOLLOWING:**

**Skin:**

- Rashes
- Infections
- Ringworm
- Psoriasis
- Other \_\_\_\_\_

**Nervous:**

- Headaches / Migraines
- Neuralgia / Fibromyalgia
- Seizures
- Numbness /Tingling
- Other \_\_\_\_\_

**Circulatory/Cardiac:**

- High Blood Pressure
- High Cholesterol
- Varicose Veins / Spider Veins
- Pacemaker
- Other \_\_\_\_\_

**Respiratory:**

- Tuberculosis
- Asthma
- Sinusitis
- Emphysema
- Other \_\_\_\_\_

**Digestive:**

- Ulcers
- Heartburn
- Cirrhosis
- I.B.S. / Crohn's Disease
- Other \_\_\_\_\_

**Urinary:**

- Bladder Infection
- Kidney Stones
- Kidney Infections
- Fallen Bladder
- Other \_\_\_\_\_

**Lymph & Immune:**

- Swollen Glands
- HIV, AIDS
- Lupus / M.S.
- Cold / Flu
- Other \_\_\_\_\_

**Reproductive/Hormonal:**

- Pregnancy
- Infertility
- Painful Menstruation
- Cysts
- Other \_\_\_\_\_

**Skeletal:**

- Fractures / Sprains / Strains
- Spinal Injuries / Scoliosis
- Osteoporosis
- Arthritis / Rheumatoid Arthritis
- Other \_\_\_\_\_

**Endocrine:**

- Thyroid (Hyper/Hypo)
- Pineal / Pituitary
- Adrenals
- Diabetes (Type I / II)
- Other \_\_\_\_\_

**Muscular:**

- Tendonitis
- Muscular Dystrophy
- Muscle Atrophy
- Spasms / Cramps
- Other \_\_\_\_\_

**Emotional:**

- Depression
- Anxiety
- P.T.S.D.
- Other \_\_\_\_\_

Current / Past Cancer:

Yes  No

When/Where: \_\_\_\_\_

Recent (*less than 10 yrs*) Injuries, Accidents, and/or Surgeries:

Yes  No

If yes, please put the month/year and explain:

On a Scale of 1-10 (10=High/1=Low), What Is Your General Energy Level? \_\_\_\_\_

On a Scale of 1-10 (10=High/1=Low), How Would You Rate Your General Health Level? \_\_\_\_\_

At Sacred Journeys, we look at all areas of your life and how it may affect your physical health and wellness.

Please be open with the following questions as they will help determine techniques and areas of concentration for your session.

Are You Happy with Your Home Life?

Yes  No  Sometimes

Why / Why Not?

Do You Have a Support System (Family/Friends/Etc.?)

Yes  No  Sometimes

How Are They Supportive?

Are You Happy with Your Career/Job?

Yes  No  Sometimes

Why / Why Not?

On a Scale of 1-10 (10=High/1=Low), How Stressed Are You Regarding the Following?

\_\_\_ Home \_\_\_ Work \_\_\_ School \_\_\_ Finances \_\_\_ Relationships \_\_\_ Health \_\_\_ Other \_\_\_\_\_

How Do You Currently Deal with Stress (Forms of Relaxation/Peace?)

Is Anything Currently Impacting Your Physical and/or Emotional Health and Wellness? (ex: recovering from illness, death in the family, recent relocation, breakup, pulled muscles, etc.)

What Is Your Goal or Wish for This Session?

### **After Your Treatment**

Be sure to drink several glasses of water throughout the 24 hours following your session. Possible reactions afterwards may include additional energy, increased bowel activity, frequency of urination, excess mucous, tiredness, and better sleeping patterns.

*The information I have given here is true and correct to the best of my knowledge, and I have not knowingly withheld relevant information. I understand that energy sessions are complimentary to and not a substitute for professional medical advice and that I should continue any physical or psychological treatment that I am currently receiving.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Sacred Journeys Wellness Center Informed Consent & Cancellation Policy**

**All shared information regarding your body, mind, and spirit is kept confidential in compliance with H.I.P.A.A. Privacy Laws and is used by the therapist for your overall health and well-being.**

I, \_\_\_\_\_, understand that therapeutic work provided by Amanda M. Hatfield, LMT, or Jane L. Mullins, Integrative Life Coach, of *Sacred Journeys Wellness Center*, is intended to enhance relaxation, reduce pain, tension, and stress, improve the body's operating systems, and offer a positive experience of touch and non-touch.

The general benefits of my session, possible contraindications, and the treatment procedure have been or will be explained to me. I understand that sessions provided at Sacred Journeys, in general, are not a substitute for medical treatment and that it is recommended that I concurrently work with my primary caregiver for any condition I may have.

I am aware that Amanda and Jane do not diagnose illness or disease, do not prescribe medications, and that they are not a mental healthcare professional. They may also share skills and tools involved in increasing my mental, emotional, physical, and spiritual awareness.

I have informed Amanda or Jane of all my known physical/emotional conditions, medical conditions and medications, and other relevant information. I will keep them updated on any changes throughout my care. I will also inform them of my levels of comfort or discomfort and understand that I may cease care at any time.

Any information given will remain confidential unless a Release of Information is signed by me. In consideration of services, information, and support I have or will receive, I hereby hold Amanda and Jane harmless from any or all liability in consequence and waive all claims for damage incurred or to be incurred, as a result of such service, information, and support.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Cancellation Policy/Rescheduling Policy**

*We believe that your service at Sacred Journeys is an investment in YOU!*

*Below we have included our policies on issues that assist each party in having the best experience for restoring their wholeness.*

**Appointments:** Each therapist schedules their own appointments. Amanda Hatfield, our Licensed Massage Therapist, can be reached at 937-902-5199. Jane Mullins, our Integrative Life Coach, can be reached at 937-313-2420. Or when calling, please share the service or interest/concern and we can direct you to the correct therapist.

**Late Arrivals:** If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, we will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the session that was scheduled. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time.

**Cancellations:** We understand that unanticipated events happen occasionally in everyone's life, including our own. If you find yourself with an emergency and can't attend your appointment, please let us know as soon as it is practical for you to do so.

Otherwise, please call by telephone at least 24 hours prior to your appointment time to cancel and reschedule your visit.

*A recompense for any cancellations made less than 24 hours will be appreciated to help defray costs for preparing for your session in addition to not allowing another client the opportunity to book that time slot. Exceptional circumstances will be taken into account including sickness or weather, where it may be less than 24 hours.*

**No Show:** As we all have busy lives, if you request, we will give you a reminder call, text or email for your session. Failing to call or no show results in the full fee of the scheduled appointment charged. You will be expected to make your payment within 10 days.

**Events:** Scheduled events often take many hours and days of preparation. The same respect is appreciated in regards to events as it is in late arrivals, cancellations, and no shows.

**Failure to Attend Appointments:** I understand that if I fail to notify less than 24 hours before or fail to show up for an appointment without notice, I will donate or compensate for the allotted time and space in the therapist schedule. In cases where I am a no-show, I will honor the therapist's time and expertise with rendering the full fee payment within 10 days of the scheduled appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_