CLIENT INFO

Client Name	oot Einst	Date:	
L	ast First	MI	
Home Phone Cell Phone			
Marital Status	Occupation	Birth Date	
	HEALTH INFO		
Have you had any of t	he following? Please check all that	t annly	
AIDS	Excessive Bleeding	·	
Allergies	Fainting	Pregnant Now?	
Anemia	Glaucoma	Respiratory Problems	
Arthritis	Growths	Rheumatic Fever	
Artificial Joints	Hay Fever	Rheumatism	
Asthma	Head Injuries	Sinus Problems	
Auto Accidents	Heart Disease	Stomach Problems	
Back Pain	Heart Murmur	Stroke	
Blood Disease	Hepatitis	Thyroid	
Broken Bones	High Blood Pressur	3	
Cancer	Jaundice	Tumors	
Diabetes	Kidney Disease	Ulcers	
Divorce	Liver Disease	Venereal Disease	
Dizziness	Mental Disorders	Other: Present Pains	
Epilepsy	Nervous Disorders	Other: Not listed above	
	Surgeries: Please give any addition or diseases or conditions, approxim	onal details for checked items above,	
	or discuses of conditions, approxim	nate dates, etc, and surgeries.	
Siblings & Their Age	es		
Deaths in Family or 	other Loved Ones		
•	he care of a physician for any co		
		Date of last physical:	
-	th problems that need further clarif		
Please list all drugs, he	erbs and/or health supplements tha	t are being taken, and how frequently:	
		Signature:	

CLIENT RESPONSIBILITY AGREEMENT

VortexHealing® is a very powerful healing art. Therefore, it is to be expected that various situations can arise from studying or practicing this healing art. 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 the VortexHealing practitioner is not responsible for any individual symptoms that may arise as a result of receiving VortexHealing treatments. I agree to take personal responsibility for whatever physical or emotional symptoms may arise as part of the healing process of receiving VortexHealing treatments, as well as to take responsibility for seeking medical treatment when I perceive it is necessary.

I understand that my VortexHealing practitioner is neither a medical professional nor a psychotherapist (unless he/she also holds such degrees) and that he/she is practicing neither medicine nor psychotherapy. Although my VortexHealing 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 VortexHealing treatments 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.

Client's Signature:			
	Sign Name	Print Name	Date