CLIENT CONSENT & ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge that I am here, on this and any subsequent visit, solely on my own behalf.
I hereby acknowledge and understand that Maureen Fontaine is a not medical practitioner and in particular:

1. Is not presenting herself as being able to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition;
2. Is not offering to undertake by any means or method to diagnose, treat, operate, or prescribe for any human disease, pain, injury, disability or physical condition; and
3. Cannot and will not give medical advice.

I hereby confirm and acknowledge that all information from, or, communication with Maureen Fontaine is at my own request, with full knowledge of the particulars; and that no guarantees have been made to me concerning the results that may be obtained.

All information is held in the strictest confidence and is for the sole purpose of this session only.

Date: _____ 20____ . Signature _____

Last Name _____ First Name _____

City _____ Email _____

Phone _____ Cell _____

Age _____ Height _____ Weight _____ Date of Birth_____

Occupation _____ Children (#) _____ Marital Status _____

Primary concerns at this time: (1) _____

(2) _____ (3) _____

I am presently receiving care from a/an:

___ Medical Doctor ___ Massage Therapist ___ Naturopath ___ Acupuncturist
___ Chiropractor ___ Personal Trainer ___ Nutritionist ___ Other _____

Medications: _____

Supplements: yes/no

Surgeries: _____

Exercise includes: _____ Times per week _____

MVA's or Injuries _____

Energy Level: ___/10 Stress level ___ /10 Self Discipline: ____/10

BLOOD TYPE ____

Current Symptoms & Concerns

Digestive System/GI __/10
_ Gas _ Bloating
_ Constipation
_ Hemorrhoids __ Bleeding
_ Loose stool _ Irritable Bowl
_ Crohn's _Celiac
_ Oily or smelly stools
_ Stomach pain
_ Nausea _ Burping
_ Acid Reflux/Heartburn
_ Ulcers
_ Parasites

Daily Bowel Movements ___

Urinary System __/10
_ Frequent urination
_ Painful/burning urination
_ Bladder/kidney infections

Vascular System __/10
_ Heart Pain/Tremors
_ Dizziness __Shaky
_ High Blood Pressure
_ Low Blood Pressure
_ High Cholesterol
_ Bruise easily
_ Heart Pounds/Palpitations

Endocrine System
_ Fatigue _ Exhaustion
_ Sleep does not refresh
_ Sleep difficulties
_ Brittle fingernails
_ Hair falling out
_ Low sex drive
_ Weight gain
_ Crave Salt _ Sugar
_ Feel Cold _ Feel Hot

Brain
_ Poor memory
_ Fuzzy thinking/mental fog

Thyroid Condition
_ Hyper _ Hypo

Diabetic
_ Type 1 _ Type 2
_ Pre-diabetic
_ Sweaty palms, feet
_ Sweat a lot _ Don't sweat

Emotional/Spiritual __/10
_ Depression
_ Low Self Esteem
_ Mood Swings
_ Poor Sleep
_ Anxiety / Panic Attacks

Respiratory System __/10
_ Shortness of Breath
_ Asthma __Allergies
_ Colds
_ Yawning/sighing
_ Clear throat frequently
_ Sore throat frequently
_ Phlegm, nasal drip
_ Itchy ears

Smoking
_ Tobacco ___ #/day
_ for ___ years
_ Marijuana ___ x wk
_ Other Recreational drugs

Muscular/Skeletal System
_ Muscle Pain _ Cramps
_ Sore Joints
_ Fibromyalgia
_ Arthritis
_ Low bone density
_ Headaches ____ x/mth

Immune System
_ Cancer current or past
Type: _____
_ HIV/Hepatitis
_ Herpes, cold sores
_ Fungal Infections __toes
_ Lymph nodes swollen
_ Metallic taste in mouth

Skin
_ Eczema _ Psoriasis
_ Dry _ Oily _ Fungus
_ Warts/Moles

Women Only
Days since last period _____
_ Heavy _Light _Clots
_ PMS
_ Birth Control
_ Pregnant __ Breastfeeding
_ Infertility issues
_ Menopausal since _ HRT
_ Cysts, fibroids
_ Breast augmentation
_ Breast tenderness
_ Low Libido

Men Only
_ Prostate issues
_ Jock Itch
_ Low Libido
_ Erectile Dysfunction

Dental
_ Amalgam (silver) fillings
_ Crowns/Veneers
_ Root Canals
_ Bridges/Dentures

Other:

DIET

Check those that apply to you.

__ Vegetarian __ Vegan

__ Coffee __Tea

__ Water Cups/day ____

__ Dairy: cheese, milk, yogurt

__ Fruit __ Fruit Juice

__ Soft Drinks/Energy Drinks

__ Alcohol, Drinks/ wk ____

__ Wheat __Grains

__ Gluten Free

__ Soy Products

__ Salt __ Sugar

__Honey/Maple Syrup/Agave

__ Artificial Sweeteners

__ Nuts __ Seeds

__ Animal Protein __Eggs