michelle mark
HOLISTIC MOVEMENT

CONFIDENTIAL CLIENT HISTORY FORM Date:_____

The following information will be held in strict confidence. To help us be effective in working together, please be as specific as possible.

PERSONAL DATA

Clients Name:_____Birth Date:_____

Parent/Guardian name:_____Email Address:_____

Home Phone:_____Work/cell Phone:_____

Address:_____City:_____Prov:_____P.Code_____

Referred By:_____

Person to contact in an emergency & phone #:_____

HEALTH HISTORY

Does your child have a diagnosis? If yes, what is it?

_____

What is your primary reason for seeking treatment today:_____

_____

Are they presently receiving other treatments/therapy (physio, chiro, OT, PT, Speech, etc.)?
Specify (and frequency):_____

Do they have any tubes or devices attached?: Y_____N _____
If yes, please specify (port, shunt, feeding tube, other):_____
If so, since what age?:_____

Do they use support devices such as AFO's, braces, splints, standers, special chairs, wheelchairs, walker, etc.? If so, specify what and how often they are used: _____

_____

Describe any surgical procedure, accident, or muscular/skeletal problem or pain that has required medical care:_____

Does your child eat and sleep well? If no, briefly explain:_____

_____

Are they taking any medications (anti-seizure, adhd, anxiety, cholesterol)?: _____

_____

Is there anything else you would like to add to help me better understand and help your child?: (What do they love? What do they dislike? Etc.)

_____

_____

_____

What are three wishes you have for your child that you hope ABM can help with?

1.

2.

3.

DISCLAIMER

The Anat Baniel Method™ is not a substitute for professional medical advice or a medical exam. You should regularly consult a doctor in all matters relating to physical or mental health, particularly concerning any symptoms that may require diagnosis or medical attention.

Michelle Mark makes no warranties or guarantees concerning any particular outcome, result, or improvement from participation in functional synthesis and or movement lessons. Michelle Mark is not responsible for any direct, indirect, consequential, special, or other damages, including but not limited to, economic loss, injury, or illness, that may result from participation in functional synthesis and/or movement lessons.

I have read the above noted consent and I have had the opportunity to question the contents and my therapy. By signing this form, I confirm my consent to treatment and intend this consent to cover the treatment discussed with me and such additional treatment as proposed by my practitioner, to deal with my physical condition and for which I have sought treatment. I understand that at any time I may withdraw my consent and treatment will be stopped.

CLIENT'S Parent or Legal Guardian: _____
DATE:_____

CLIENTS NAME (print):_____

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CONNECTING MIND+MOVEMENT