

# Kimberley Book, Holistic Practitioner

Balance. Integration. Relief.

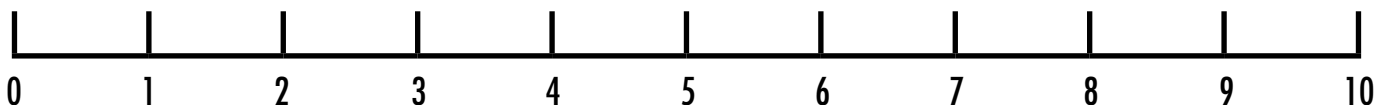
## Intake Form for Children

Date:
Name (Parent/Caregiver):
Relation to Child:
Name of Child:
Date of Birth of Child:
Child's Emergency Contact Name & Phone #:
Address:
Phone:
E-mail:
May I add you to my email list?    yes / no
Did someone refer you? If yes, who?

### Please circle main area(s) of concern:

- |  |  |                                  |
|--|--|----------------------------------|
| Abdominal pain                               | Sciatica                               | Symptoms related to chemotherapy |
| Pelvic pain                                  | Musculoskeletal pain                   | Post-operative pain              |
| Joint pain (e.g. elbow, hip, shoulder, knee) | Neuropathic pain                       | Injury                           |
| Headache or migraine                         | Chronic widespread pain / Fibromyalgia | Arthritis                        |
| Digestive Issues                             | Other: _____                           |                                  |

**Today's Level of Pain** (0 = no pain; 10 = pain is as bad as it could possibly be):



How long has your child experienced this pain?

How has pain affected your child's mood and behaviour?

What are your goals for our session(s)?

**Disclaimer:**

I understand that energy therapy is a complementary therapy and does not replace medical care or diagnosis by a licensed medical professional.

I understand that Kimberley Book does not diagnose conditions, prescribe or perform medical treatment, and that she does not interfere with the treatment of a licensed medical professional.

I understand and acknowledge that no guarantees have been made to me regarding the outcome of Kimberley Book's services.

I understand that all information gathered will be kept confidential and private, and that my information is shared only with my written consent, unless required by law.

I understand that safeguards are in place to protect my information against loss or theft, as well as unauthorized access, disclosure, copying, use or modification.

I agree that Kimberley Book can collect and disclose my personal information as set out in this form.

I have read, understood and agreed with all the above statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_