# Client File Health Information Form and Release of Liability Waiver

***(Please note, all client information is confidential)***

Please fill in this form and bring it with you to your Healing Waters Sanctuary session. If you have any questions or concerns prior to your session, feel free to call Andy Marcus at 808-280-0956.

We offer a very gentle and adaptable healing to fit individual needs, however, if you have concerns about the effect of Biodynamic Craniosacral Therapy or Aquatic Therapies, warm water or any existing health problems, you may want to talk these over with your doctor.

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

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

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Ph: Wk \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Healing Waters Sanctuary? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you under the care of a physician / taking medication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do / have you experienced any of the following?** (Circle and list details below)

|  |  |
| --- | --- |
|  Neck or back problems | Recent injury |
|  Nausea / motion sickness |  Pregnancy |
|  Stroke |  Asthma |
|  Diabetes |  Major Surgery |
|  Infections |  Open Wounds |
|  Contact Lenses |  Depression |
|  Ear problems |  Heart disease |
|  High or low blood pressure |  Circulation problems / Clots |
|  Chlorine sensitivity |  Emotional issues / conditions |
|  Joint problem |  Epilepsy |
|  Broken bones |  Skin conditions |
|  Serious accident |  |

 Any other health conditions likely to affect / be affected by treatment in warm water?

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Do you experience any of the following?

 Tension / Aches and pain
 Restriction in movement

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Have you ever received bodywork, massage or counseling in the past?

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Do you have experience of other water therapy, breath therapy or meditation?

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How is your past experience with water? (E.g. do you swim? Do you enjoy being in the water? Have you had any negative experiences involving water?) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any specific wishes or expectations from your session?

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Other comments

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**Consent for Biodynamic Craniosacral Therapy and Aquatic Therapies**

I understand that Andy Marcus (Firdauz) makes no claim to diagnose, treat or prescribe for specific physical or emotional conditions. While relief from symptoms of such conditions often occurs, these effects are coincident with the relaxation, release and balancing effects of the healing session. I understand that the results vary from person to person and cannot be guaranteed. I also understand that it is important for Andy Marcus (Firdauz) to be aware of my general health history, the record above is accurate and I will update this in event of changes.

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

**Suggestions for Before and After Your Session:**

\* Your healing session will involve your hair becoming wet and you go under the water at times (always optional). Please talk to Andy Marcus (Firdauz) before coming for your session if you wish to avoid either of these. Earplugs are an option for people that do not want to get water in their ears).

\*What you need for your session: Swimsuit and towel. Earplugs are optional and recommended for those with any concerns.

\*Following the session be sure to drink adequate water and allow time for rest.

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

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

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Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Who Referred you?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received a Biodynamic Craniosacral session before?\_\_\_\_\_\_\_\_\_

Aquatic Therapy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you comfortable in water? \_\_\_\_\_\_\_\_\_\_Do you swim? \_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had any traumas associated with water? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there any part of your body that is sensitive or tender to having pressure applied, or being stretched? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sensitive to getting water in your ears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want earplugs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you prone to motion sickness? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please review the list of contraindications (next page), record any health conditions that we may need to be aware of (Including those not listed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list (date and description) any injuries and / or surgeries you have had\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biodynamic Craniosacral Aquatic Therapies are intimate forms of bodywork. At this point, are you comfortable with my being close to you and holding you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Biodynamic Craniosacral Aquatic Therapies sometimes evoke strong emotions or bring distant memories to consciousness. Rather than suppressing or resisting joyous or painful memories or sensations, simply allow them to surface, feel them and observe them.

Biodynamic Craniosacral Aquatic Therapies are deeply relaxing, and often sensuous experiences. They are not intended to be sexual experiences.

Biodynamic Craniosacral Aquatic Therapies are forms of aquatic bodywork and make no claim to treat medically diagnosed conditions for which one should see a physician.

The undersigned assumes full responsibility for his / her health and will in no way hold the Practitioner or his / her facility accountable for any outcome of this session and any future sessions.

The undersigned will also keep the Practitioner informed of any changes as they occur.

The undersigned uses the pool at his / her own risk.

*I certify that the above information is complete and correct.*

*I will be responsible for paying for any scheduled appointment which is not cancelled 24 hours in advance.*

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Practitioner Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank you!**