DATE: ….. / ….. / ……….

STOP BEING A PASSENGER – GET BACK IN THE DRIVER’S SEAT AND TAKE CONTROL OF YOUR LIFE

CLIENT INTAKE FORM – MEDITATION

Please answer all questions on both sides of this form, as well as reading and signing the attached Disclaimer.

**PERSONAL DETAILS**

NAME: ……………………………………………………………………………………….

DOB: …….. /…….. /…………..

ADDRESS: ……………………………………………………………………………………….

……………………………………………………………………………………….

……………………………………………………………………………………….

PHONE: ……………………………

EMAIL: ……………………………………………………………………………………….

SPIRITUAL BELIEFS *(OPTIONAL)*: ……………………………………………………………

**EMERGENCY CONTACT DETAILS**

NAME: ……………………………………………………………………………………….

PHONE: ……………………………

RELATIONSHIP: ……………………………………..

**MEDICAL CONTACT DETAILS**

DOCTOR/THERAPIST NAME: ………………………………………………………………..

PHONE: …………………………….

Do you consent to 4 On The Floor contacting your Doctor or Emergency Contact on your behalf in the event of an emergency?

YES / NO

Has your Doctor or Therapist advised you to try Meditation as part of a treatment plan, or have you discussed Meditation with your Doctor or Therapist?

YES / NO

Are you currently taking any medication that may affect your ability to participate safely in Meditation? For example – Blood pressure or anti-psychosis medications.

YES / NO

Do you have any allergies? If so, please list them.

YES / NO

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

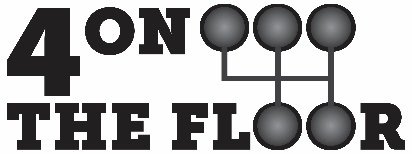
The Meditation practices conducted in this class do not involve extensive physical movement or poses. However, the practices are more effective if you are able to sit or lie without discomfort for up to 30 minutes. Do you have any medical conditions that might prevent you from sitting or lying for an extended period during a Meditation?

YES / NO

What changes in your life would you like to see as a result of attending these Meditation classes?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

**NOTE:** Meditation, while generally non-invasive and safe, promotes the ability to access your subconscious. This may lead to blocked trauma being released. If you are currently undergoing counselling of any description, it is strongly advised that you discuss participation in Meditation classes with your therapist, or medical professional, before commencing any classes. If you begin to feel uncomfortable during a class, please advise the class facilitator, so that you can be brought out of the Meditative state.



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DISCLAIMER

I, ………………………………………………………….. , confirm that all information that I have supplied is true and correct to the best of my knowledge, and is only collected for the purpose of ensuring my safety, and providing a better service.

I understand that 4 On The Floor will maintain the confidentiality of this information and any progress notes made, unless I give my written consent for this to be disclosed to other parties involved in my medical treatment, or 4 On The Floor are required to provide this information by law.

I have discussed the proposed treatment with 4 On The Floor, and have had any foreseeable risks explained to me. As a result, I voluntarily undertake this treatment of my own free will, and at my own risk.

I acknowledge that the services being offered and supplied by 4 On The Floor are not a substitute for medical care, and that 4 On The Floor will not conduct any form of medical examination, or provide any form of medical diagnosis. Any suggestions made by 4 On The Floor are not to be taken as medical advice, and should be discussed by myself with suitably qualified professionals.

I agree to inform 4 On The Floor of any changes to my health and medical condition, and understand that there will be no liability on the part of 4 On The Floor if I fail to do so.

If I experience pain or discomfort of any kind during a treatment, I will immediately advise the practitioner performing the treatment of this.

By signing this Disclaimer, I hereby waive and release 4 On The Floor from any and all liability past, present and future relating to this treatment.

CLIENT NAME: …………………………………………………………

CLIENT SIGNATURE: …………………………………………………………

DATE: …… / …… / ……………

Signed: ………………………………………..

Chris Giegerl – 4 On The Floor

Date: …… / …… / ………….