

Alternative Wellness Center Health History and Permission Form

- 1. Are you making an effort to stay away from junk food and drinks 80% of the time? YES or NO
- 2. Are you 80% of the time choosing organic food and beverages? YES or NO
- 3. Are you making an effort to avoid habits that can harm your health, such as cigarette smoking, excessive alcohol intake, and drinking too much caffeine? YES or NO
- 4. Do you get at least 7 hours of sleep nightly? YES or NO
- 5. Do you feel in touch with your life’s purpose? YES or NO
- 6. Are you able to stay in alignment with your integrity in your professional life? YES or NO
- 7. Are you in a relationship with a romantic partner who allows you to be you? YES or NO
- 8. Are you able to set healthy boundaries with the people who stress you out? YES or NO
- 9. Do you feel spiritually connected? YES or NO
- 10. Do you do something fun every day? YES or NO
- 11. Do you express yourself creatively in ways you enjoy? YES or NO
- 12. Are you mindful of the thoughts, feelings and activities that trigger stress in your body? YES or NO
- 13. Would you like to be added to the distribution list of our weekly Newsletter? YES or NO**
- 14. If you were gifted \$100,000,000 and your family and friends were 100% in support of your decision, what would you do with your life?

- 15. If your health conditions had a message for you, what would it say?

- 16. What does your body need in order to heal?

As practitioner and client, you and I are entering into a partnership. I am here to support you, guide you, offer you tools and support your process, but I will not ‘fix’ you – for I don’t believe you are broken. Instead, I will consult, educate, and participate in supporting the natural self-repair mechanisms of your body, which have been proven to exist. I will be supporting not just the health of your body, but the health of your mind. If you are not ready, willing or able to fully participate in your physical, emotional and spiritual healing process, I will be here to nurture and support you without judgment, but we both acknowledge that your health outcome may not be fully optimized. I can only support you as much as you support yourself. Although I spent many years training, the truth is that you know your body better than I do. Your body is your business and I am merely here to support what is essentially your responsibility. As practitioner and client, we agree that we’re both doing the best we can at any given time, and we won’t always get it right. We must open our hearts to the loving kindness and compassion that is a necessary part of any supportive relationship. We commit to open communication, mutual respect, a belief in the infinite capacity for whole health, and a dedication to cherishing the process and viewing health issues as an opportunity to seek higher ground. I understand that Susan Sisk Reynolds’ council, remedies and modalities are offered as a Practitioner. In signing the following I understand, accept and recognize we are participating as beneficiaries of these services. It is also understood no claims of restoration of health can be made or guaranteed.

Signature: _____ **Relationship to Client:** _____
