

INTAKE

Rewire - Holistic Recovery Support Program for Eating Disorders

Name:

Email address:

Address:

Phone number:

Most of my thoughts are:

Most of my emotions are:

I can't seem to get over:

I'm most afraid of:

I haven't healed

yet.

I keep avoiding:

I haven't forgiven:

Do you have a yoga practice? Yes No

Do you have a regular meditation practice? Yes No

If so what kind? (mantra, visualization etc):

How would you rate your mental health on a scale of 1 -10, 10 being awesome?

How would you rate your energy on a scale of 1 -10, 10 being awesome?

What type of exercise do you do?

How many times a week do you exercise and how long are your sessions?

Who supports you through this journey?

Are you currently struggling with suicidal or self-harming thoughts, images, feelings, or actions?

Yes No

If yes, provide a brief background of circumstances, including when:

Is there anything else you want to share?

CONSENT

Rewire - Holistic Recovery Support Program for Eating Disorders

Energy healing and yoga are not substitutes for the practice of medicine

I understand that Energy Healing and Yoga are not a substitutes for the diagnosis and/or treatment of medical or mental health conditions by a licensed health care professional. This program should only be used in conjunction with that care. Tania Frechette does not diagnose or offer medical advice.

I recognize that even the gentlest modalities can have some side effects. I understand that I must consistently monitor my energy and comfort, and take full responsibility for what I can and cannot do at this time. I will not hold Tania Fr chette or any other practioner at Sage Wellness responsible for any injuries or actions arising out of or in any way connected with my participation in this program. I acknowledge that a risk of personal injury may be involved in any exercise or yoga program, and understand that it is my responsibility to refrain from performing any movement that causes me pain or discomfort, physically or emotionally.

I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue or make any claims of any kind whatsoever against the Rewire, Holistic Recovery Support Program for Eating Disorders, or any of the aforementioned parties for any injury, property damage/loss, or death caused by their negligence or other acts.

Our Work Together

As Sage Wellness is an integrated health clinic, I recognize that the practitioners that are working with me may discuss my healthcare program to offer optimal integrative healthcare and will ensure all information is private and confidential.

I agree to the following cancellation policy. If you cancel an appointment with less than 24 hours notice, or fail to show up, you will be charged for the appointment.

I agree that I have read, understand, and agree to all the release information stated herein and that all the registration information provided is correct to the best of my knowledge:

Client

Print name:

Signature:

Date:

Witness

Print name:

Signature:

Date: