

Balancing Body:

A non –invasive muscle testing technique that uses the body’s electromagnetic field to determine nutritional needs.

The human body consists of complex, intelligent organs that all support one another. The body was created to know exactly how to function properly together, providing that it receives the proper resources.

Balancing will provide your body with individualized supplementation and will help support your body's natural healing process.

Pricing for all technique listed above:

15 minutes \$30 30 minutes \$60 60 minutes - \$120

Please take a moment to read:

To offer you the most effective and informational appointment please complete the following prior to your appointment

- ✓ *Have your paperwork completed and returned five days prior to your appointment*
- ✓ *Do not take any supplements the morning of your appointment.*
- ✓ *Take prescription medication as directed by your physician.*
- ✓ *Bring any supplements with you that you wish to be tested.*
- ✓ *Should you need to cancel, we require a 72 hour notice.*

For optimum treatment we ask that the individual being treated be the only one in the room along with our staff. If you have small children, please bring an adult to stay with them during your appointment time.

On behalf of Elementals, we look forward to meeting with you



CLIENT INTAKE FORM

5411 State Road 50, Delavan WI 53115

Phone: (262) 740-3000 x 10

FAX: (262) 740- 3001

www.elementalsliving.com

Personal Information

Please print legibly. This form needs to be submitted prior to your appointment to ensure timely process.

Date: _____

Patient Name: _____
Last *First*

Street Address: _____

City *State* *Zip* *Country*

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **FAX:** _____

Email address: _____ **Preferred method of contact:** _____

Date of Birth: _____ **Age:** _____ **Sex:** _____

Height: _____ **Weight :** _____ **Blood Type:** _____

Known Drug Allergies: _____

A 72 hour notification of a cancellation is required

CLIENT ASSESSMENT

Name: _____

Please list the 3 major health concerns in your order of importance:

- 1) _____
- 2) _____
- 3) _____

Pregnant? Yes No

How many alcoholic beverages do you consume per day _____ per week? _____

How many caffeinated beverages do you consumer per day? _____ per week? _____

Do you smoke? Yes No

Rate your stress levels on a scale of 1-10 during the average week _____

List Major Surgeries / Hospitalization / Current Treatments: _____

Indicate any Food Allergies _____

List any medications/dosages you currently take and for what conditions. Including over the counter drugs. **(Very important to have the correct spelling and dosage)**

Medication	Reason Taking

List any supplements you currently take and for what conditions

Supplement	Reason Taking

CLIENT BILL OF RIGHTS GENERAL CONSENT TO CARE

Elementals Living is dedicated to quality client care. We understand the importance of clients and providers sharing responsibilities in achieving the best possible health care.

Client's Rights

- Courteous, considerate and respectful treatment at all times.
- Candid discussions of appropriate or necessary treatment options for your conditions.
- Information about where and how to seek care, and the possible risks involved in treatment.
- Timely response to requests for services, inquiries and complaints.
- Second opinion when medically appropriate.
- Privacy and confidentiality regarding your health conditions.
- Recognition of your rights to make decisions regarding your medical care.

Client's Responsibilities

We ask that you:

- Provide staff with all pertinent health care information needed to ensure the best possible outcome.
- Communicate when you have questions or concerns about your health care.
- Adhere to instructions and guidelines given for health care services.
- Be aware of your health benefits and services and how to correctly obtain them.

General Consent to Care

I the undersigned, hereby consent to services provided by Elementals Living. If client is a minor under the age of 18, a parent or legal guardian must sign this agreement.

Billing Policy

Elementals Living does not accept insurance. It is our policy that clients pay for all services at the time of your scheduled appointment. **A 72 hour notification of a cancellation is required.** Credit cards and Personal checks are accepted. A \$30.00 fee will be added to any returned checks.

Financial Responsibility

I understand that I am financially responsible to Elementals Living and agree to pay Elementals Living for all charges at time of service.

Disclosure of Information

All service recommendations are based solely on the information that the client has provided. I am disclosing accurate information on all medications, supplements and recreational drugs I am currently taking. I understand the information is needed in order to provide accurate recommendations.

I certify that I have read these policies and agree to abide by all requirements.

Client Signature: _____ **Date:** _____

If client is a minor under the age of 18, a parent or legal guardian must sign this.