



HARMONIC EGG
— QUALICUM BEACH —

CONFIDENTIAL CLIENT APPLICATION

Client: _____ DOB: _____

Height: _____ Weight: _____ (Approximate)

Telephone: Home: _____ Work: _____ Cell: _____

Address: _____

Email: _____

City: _____ Province: _____ Postal Code _____

Emergency Contact: _____ Relation: _____

Phone: _____

Relationship Status: Single Married Partner Separated Divorced Widow
Widower

Spouse/Partner Name: _____ # of children _____

Occupation: _____ Do you enjoy your job? Y N

Primary Reason for Attending: _____

Have others helped you with the issue? _____

What are your expectations after the sessions?

Who can we **thank** for your being here (who referred you): _____

Describe any specific attention or assistance you will need while visiting the Harmonic Egg QB (you must be able to get into the unit or bring a Caregiver to assist you) _____

Will you be bringing a Caregiver, Nurse, or Spouse with you? _____



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Past Medical History
(Including Hospitalizations, Surgeries, Medical Conditions)

Family Medical History (If known)

Allergies (food, medication, environmental)



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Illicit Drugs/Marijuana _____

Traumatic Life Events: Leading to any illness?

Toxic Exposure? _____

Areas in body of concern or tension? _____

Mental Health

Current Pain Level (0 no pain, 5 most pain imaginable): 0 1 2 3 4 5

Explain: _____

What do you do to help this? _____

Current Stress Level (0 no stress, 5 very high): 0 1 2 3 4 5

Explain: _____

What do you do to help this? _____

Current Energy Level (0 no energy, 5 very high): 0 1 2 3 4 5

Explain: _____

What do you do to help this? _____

Please check the emotions that best reflect how you feel most of the time:

- | | | | |
|-------------------------------------|------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Joy | <input type="checkbox"/> Sad | <input type="checkbox"/> Excited | <input type="checkbox"/> Optimistic |
| <input type="checkbox"/> Anger | <input type="checkbox"/> Depressed | <input type="checkbox"/> Passionate | <input type="checkbox"/> Terrified |
| <input type="checkbox"/> Resentment | <input type="checkbox"/> Hopeless | <input type="checkbox"/> Safe | <input type="checkbox"/> Anxious |
| <input type="checkbox"/> Peaceful | <input type="checkbox"/> Despair | <input type="checkbox"/> Calm | <input type="checkbox"/> Alone |
| <input type="checkbox"/> Happy | <input type="checkbox"/> Blissful | <input type="checkbox"/> Afraid | <input type="checkbox"/> Frustrated |

Please circle the word that best describes your current state of health:

Excellent Good Average Improving Declining Serious Debilitated



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What brings you joy? _____

Please circle the most emotional draining relationship in your life?

Significant Other Job Children Your Relationship With Yourself

State of the World

Is your home environment peaceful or stressful most of the time? _____

Do you have trouble concentrating, or “Brain Fog”? Y N

Do you feel supported? Y N

What drives you, inspires you, gives you a sense of purpose? _____

General Information

Do you adhere to any particular diet? _____

How many hours of sleep do you get on average? _____

Is it interrupted? Y N If yes, why? _____

Do you drink filtered or unfiltered water? _____

Describe your exercise/activity routine: _____

Are you sensitive to light or loud noise? If yes, please explain _____

Are you in fear regarding your health? If yes, please explain _____



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Regaining well being requires a strong personal commitment. How ready are you to make the lifestyle changes that may be necessary to move forward toward health (whatever health means to you)?

Ready Somewhat Not looking to change

I have read the above information and have filled out the form to the best of my knowledge. I understand that the questions on this form are being asked in order to better access my current circumstances and their relationship to my well-being. I further understand that I am voluntarily agreeing to have a Harmonic Egg QB therapeutic session and that no medial claims or promises of healing have been given.

Signature of Client

Date

Signature of Harmonic Egg QB

Date

Unit #102 - 210 First Avenue West, Qualicum Beach
Telephone: (250)738-5002
Email: harmoniceggqb@telus.net
Website: harmoniceggqualicumbeach.com