

Vital Health Center
Rick & Joelle Williams

New Client Intake Form

Date: _____

Name: _____ Age: _____ Gender: __ M __ F

Address: _____

Street and Number

City

State

Zip

Date of Birth: _____

Home Phone: _____ Cell: _____ Business: _____

E-Mail: _____

Current Occupation: _____

Emergency contact: _____ Relationship: _____ Phone: _____

How did you hear about the Vital Health Center, or who referred you? _____

List in order of importance your primary health concerns:

1. _____

2. _____

3. _____

Your primary physician:

Physician's Name: _____ Phone # _____

Other practitioners (acupuncturist, chiropractor, naturopath etc) you are currently seeing:

List any major hospitalizations and/or Surgeries you have had (include year).

List any major illnesses have had (include year).

List any scar tissue, fractures, dislocations or concussions you had (include year).

List any motor vehicle accidents and injuries you have had (include year).

Sleep

How many hours per night? _____ If you wake, what is the reason? _____ when? _____

Nightmares: Y N P Wake Refreshed: Y N P Must nap during the day: Y N P

Diet

Have you gained or lost over ten pounds in the past year? Yes _____ No _____ Gained _____ Lost _____

If yes, was the gain/loss on purpose? Yes _____ No _____

Exercise

How often do you exercise? _____

What type of exercise? _____ For How Long? _____

Medications

What medications are you currently taking?

Medications	For What	How Long

List any supplements you are currently taking:

List Yes (Y), No (N), or Past (P) regarding the use of the following:

Antacids: Y N P Steroids: Y N P Smoking: Y N P Packs per day / Number of years _____

Analgesics: Y N P Laxatives: Y N P Coffee: Y N P Cups per day if Yes / Past: _____

Alcohol: Y N P Quantity: _____

History

Please circle any of the symptoms or conditions you have experienced in the past and add others that are not listed:

Cranial/Sacral:

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Headaches, migraines, concussions, fall on the tailbone, fall on the sacrum or hips, major dental work, braces, sinusitis, facial pain, congestion, ear infections, hearing loss,

Other:

Digestion:

Heartburn, constipation, diarrhea, nausea, gas, pain after eating, IBS, food sensitivities: _____

Other:

Urinary Tract:

Kidney infections, bladder infections, frequency, loss of bladder control, kidney stones, prostate problems,

Other:

Lungs:

Bronchitis, pneumonia, pleuritis, coughing, difficulty breathing, asthma,

Other:

Heart:

Arrhythmia, palpitations, other:

Liver:

Hepatitis, Mono, elevated Liver enzymes, other:

Female:

Cramping/pain during menstruation, pain during ovulation, cysts, endometriosis, tubulagation, menopause,

Other:

Menstruations regular Y N P, number of pregnancies _____, number of children _____

Delivery: Pitocin, C-section (emergency or planned), forceps, suction, epidural, episiotomy or tearing (degree 1,2,3,4)

Other relative information: _____

Other:

High blood pressure, hyper thyroid, hypo thyroid, diabetes, osteoporosis, arthritis, cancer, other:

Any other information you feel is important to share:

Vital Health Center Information and Disclosure

Welcome to the Vital Health Center practice of Rick & Joelle Williams. In order to conduct our practice legally we are required to inform you of the following facts and information:

- Our Therapy is available through the provisions stated in California under Sections 2053.5 and 2053.6 of the Business and Professions Code.
- We are not licensed physicians, DO's or practicing medicine.
- The treatment we provide is an 'alternative therapy' or a 'complementary therapy'.
- Services to be provided are legal but not licensed by the state of California.

RICK AND JOELLE'S THERAPY:

- Is a corrective manual treatment that aims to restore healthy position, mobility, and vitality of the tissues. The intention is return the body toward the natural state.
- Is a powerful means of identifying and addressing the structural components at the root cause or causes of pain, injury, disease, and dysfunction.
- Is a structural piece of the healthcare pie. The intention is to play a supportive role in our clients chosen health team that may include traditional and/or alternative modalities. We are not a stand-alone treatment option that will replace appropriate medical intervention.
- Supports the body's own self-organizing-systems to facilitate an optimal state of health. The significance and value of this treatment can be found in its application toward health maintenance, degenerative diseases, and athletic performance.

Theory behind our Therapy:

- Is based on the fact that there is an inextricable relationship between the structure and function of the body. The objective is to find and treat the related structures and mechanisms that are relevant and causative of the chief complaint or symptom. The theory of manual treatment is based on the studies that show that through various techniques correct position, mobility, and vitality of the related structures will have a corrective effect on the function of the body and thereby reducing or resolving the symptoms and/or dysfunction.

RICK AND JOELLE'S THERAPY provides you with the followings kinds of services:

- A consultation dialog to determine the purpose and intention of your visit, such as:
 - Health maintenance and/or athletic optimization
 - Therapy of pathology or injury
 - Surgery and traumatic recovery
 - Support of degenerative diseases
- A question and answer intake of chief complaints and history of symptoms and related events. A general survey of health issues, diagnosis, reports, and the medical interventions you received throughout your life.
- A physical assessment and analysis will be conducted with a methodology that includes
 - Relevant motion and functional testing analysis
 - Palpation testing of relevant structures within the musculoskeletal, cranial-sacral, organ, and nervous system.
- Gentle manual therapy will be administered to the relevant systems and structures within the scope of our training. Treatments may include techniques effecting the musculoskeletal, cranio-sacral, visceral (organ), fascial, ligament, articular, and nervous systems.
- On completion of the first treatment we will relate our findings, structures treated, and prognosis if requested.
- The session will complete with a discussion of any questions you may have and dialog to determine an appropriate treatment plan if subsequent treatments are indicated.

Educational, training, experience:

Rick & Joelle Williams both have been trained in a 5 year post graduate program at the Canadian College of Osteopathy. Prior to this Rick received a Bachelor of Science in Aerospace Engineering specializing in biomechanics. Joelle has completed a Masters degree in psychology at the University Gottingen, Germany.

In order to use my services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy upon request. I will keep the original in my records for at least three years.

This method of treatment is alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California’s Business and Professions Code, I can offer you these services, subject to requirements and restrictions that are described fully on the following page.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with me. I recommend that you inform your primary care practitioner that you are receiving treatment.

Acknowledgement and Consent to Receive Services:

I have consented to use the services offered by **Rick and Joelle Williams**, and agree to be personally responsible at the time of service for the fees in connection with the services provided to me. I understand that Rick and Joelle Williams work by appointment and that a **48 hour notice** is requested to cancellations or reschedule of appointments. If I am unable to provide a 48 hour notice I agree to pay the full fee for the treatment (Substitutions are permissible).

I have read and understand the above disclosure about the **therapy** offered by **Rick and Joelle Williams**.

Signed: _____
(Client/parent/conservator/guardian)

Date: _____

Indicate relationship if signing for someone else: _____

Sections 2053.5 and 2053.6 of the Business and Professions Code: 2053.3.

(a) Notwithstanding any other provision of law, a person who complies with the requirements of Section 2053.6 shall not be in violation of Section 2051, 2052, or 2053 unless that person does any of the following:

- (1) Conducts surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
- (2) Administers or prescribes x-ray radiation to another person.
- (3) Prescribes or administers legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
- (4) Recommends the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
- (5) Willfully diagnoses and treats a physical or mental condition of any person under circumstances or conditions that cause or create risk of great bodily harm, serious physical or mental illness, or death.

- (6) Sets fractures.
- (7) Treats lacerations or abrasions through electrotherapy.
- (8) Holds out, states, indicates, advertises, or implies to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.

(b) A person who advertises any services that are not unlawful under Section 2052, 2052, or 2053 pursuant to subdivision (a) shall disclose in the advertisement that he or she is not licensed by the state as a healing arts practitioner.

2053.6. (a) A person who provides services pursuant to Section 2053.5 that are not unlawful under Section 2051, 2052, or 2053 shall, prior to providing those services, do the following:

- (1) Disclose to the client in a written statement using plain language the following information:
 - (A) That he or she is not a licensed physician.
 - (B) That the treatment is alternative or complementary to healing arts services licensed by the state.
 - (C) That the services to be provided are not licensed by the state.
 - (D) The nature of the services to be provided.
 - (E) The theory of treatment upon which the services are based.
 - (F) His or her educational, training, experience, and other qualifications regarding the services to be provided.
- (2) Obtain a written acknowledgement from the client stating that he or she has been provided with the information described in paragraph (1). The client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person providing the service for three years.

(b) The information required by subdivision (a) shall be provided in a language that the client understands.

(c) Nothing in this section or in Section 2053. Shall be construed to do the following:

- (1) Affect the scope of practice of licensed physicians and surgeons
- (2) Limit the right of any person to seek relief for negligence or any other civil remedy against a person providing services subject to the requirements of the section.