

HELLERWORK CLIENT FORM

		AGE	BIRTH DATE	TODAY'S DATE		
ADDRESS		PHONE (H	OME)	(WORK)		
ow did you hear about Hellerwor	k?	O CONTRACTOR NAMED IN				
lease check any of the following						
Massage Chiropracti		Phoenix Rising Yoga T				
Acupuncture	Reflexology		Craniosacral			
Yoga	Meditation	uov ni ži ovisii	Spiritual Heal	ing		
Other (Explain)						
Areas that may be restricted in			onite participation of			
Areas that may be restricted in	n movement	y ntod eldenso	Designed está anoil			
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Areas of pain	n movement	y stod eksema o nied eksema Now you views shor evit boes	Penglass state and the state of	September Masses A Western Press September Masses September Mas		
Areas of tension Areas of pain Areas that feel good	n movement	y atod elgiens of a control of the food at	Sent rayant to viller	A Western or a service of the control of the contro		

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What	in your life is currently your	biggest concern? (Physical,	Emotional, So	cial, Spiritual)
- 8	- III	30A		
	3174.3			
	(NBOW)	BMOH) BNOHE		ACOPESS
What	are you currently doing for	yourself in terms of: Exercise	, Stress Mana	gement, Self-Caretaking?
_	panences:	healing arts that you bave ex	bns adhilabor	n palworld ar to the steem each
Yna	Phoenix Rising Yoga The	practic	Chir	Tel Caretti
	lenoseomer©			
What	do vou hope to receive from	n Hellerwork in your body and	l in your life?	and the second second
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-				
			onditions, accid	dents, injuries, or anything that
might - - The fo	be relevant to your particip	es, major illnesses, chronic co ating in Hellerwork sessions.	onditions, accid	dents, injuries, or anything that
night - The fo	ollowing questions are designer rate each item on a scal	es, major illnesses, chronic co ating in Hellerwork sessions.	onditions, accident	o monitor the results of your serie
The for Pleas	ollowing questions are designer rate each item on a scal	es, major illnesses, chronic co ating in Hellerwork sessions. ned to enable both you and you e of 0-10; 10 being the high e to how you view/experience	onditions, accident	dents, injuries, or anything that o monitor the results of your series ositive rating, 0 being the lower
The for Pleas Reme	ollowing questions are designer rate each item on a scale mber, these are in reference	es, major illnesses, chronic co ating in Hellerwork sessions. ned to enable both you and you e of 0-10; 10 being the high e to how you view/experience	onditions, accident	dents, injuries, or anything that
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The for Pleas Reme 1. 2. 3. 4. 5. 6.	ollowing questions are designerate each item on a scale mber, these are in reference. My physical appearance Health How I present myself to a Well-being Health Energy Levels Enjoyment of my physical Stress and tension levels	ned to enable both you and you e of 0-10; 10 being the higher to how you view/experience there and the "outer world"	practitioner to est or most poe yourself.	dents, injuries, or anything that monitor the results of your series sitive rating, 0 being the lower

10. M	y experiences of pain; p	physical, emotional	
11. M	y capacities to express	and communicate my feelings and	i needs
12. M	y self-caretaking and nu	irturing	
Please ch	eck any of the practition	ners you are currently seeing or h	ave seen regularly in the last five years:
		Medical Physician	Massage Therapist
		有一种人们的人们的人们的人们们们们们们们们们们们们们们们们们们们们们们们们们们们们	
	Acupuncturist _	Physical Therapist	Psychotherapist
. 80	Other		
Is there a	nything else that you wo	ould like me to know before we sta	ert our work together?
		INFORMED CONSENT	
			ark Ensweiler, who has explained to me the ement re-education. I understand that these
			n be guaranteed. Furthermore, I understand
			with the alignment and "integration" of the
			of but is not necessarily the primary goal of
			ig to perform services of a psychotherapist.
			body as part of, the therapeutic process of
assisting r	me in establishing baland	ce and alignment in my body. I give	the practitioner my permission and consent
to do all th	ose things necessary in h	helping me establish balance and a	lignment. I give the practitioner full privilege
and licens	e to work, manually, on n	my body in a professional and appro	opriate manner to help restore and establish
more bala	nce and alignment there	ein.	
l unde	rstand that photographs	and videotape recordings may b	e utilized in my evolution process and that
these are	always part of my individ	dual and private file and will not lea	ave my file unless I give written permission.
also und	lerstand that all verbal	dialogue and interactions that ma	ay occur during these sessions are strictly
confidentia	al.		
l agree	e to pay for my sessions	at the time of services unless other	er arrangements have been made and have
been mutu	ually agreed upon. I agree	e to cancel any appointments at lea	ast 24 hours in advance, barring last minute,
unpredicta	able situations.		
	Sign	nature	Date
		dian if client is a minor)	

I hereby apply for and consent to crocksing in Hellerwork by Mark Ensweller, who has explained to me the consent process and various results of Hellerwork body work and movement re-edim attor. I understand that these seasy from individual to individual and that no specific results can be guaranteed. Furthermore, I understand

LOTUS HEALING ARTS

P.O. Box 908

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(715) 345-0655

straints one engineer executions that may occur during these executions are strictly

part is green to pay for my assigns at the time of services upless other arrangements have been reads and have been made in the time of services at least 24 hours in advance, barring lest mittels, united to the time of time of the time of time of time of time of the time of tim

Prescribed Medicines

Please initial here if not taking any prescribed medications:

		 		 7	-
				(ex. Lipitor)	Medication
				refills issued:	# of MD
				of Pills	Quantity
				ex: 10 mg	Strength
				ex: Capsule	Dose Form
				ex 1 per day	MD's Instruction

Medication Allergies

Please initial here if no medication allergies:

		Name of Drug: (ex. Sulfa)	000
		Symptom: ex. Rash	0.00