Client Intake Form

THE LENNOX WELLNESS CENTER OF ESSENTIAL HOLISTIC REFINEMENT, LLC

Dr. Heather A. Hutchinson, PhD, BCHHP

Full Name _____ Date _____

Address _____ Contact Phone _____

Email Address _____

Birthdate _____ Birth Gender M or F Occupation _____

- **PRIVACY:** The Lennox Wellness Center of Essential Holistic Refinement(EHR), LLC respects and honors client privacy and does not share client profile information unless authorized by the client or unless there is potential for harm to themselves or others. Client profile information is used for the sole purpose of the practitioner/coach to use for any recommendations for the client/practitioner/coach collaboration only. _____
- **AGREEMENT/AUTHORIZATION:** I authorize The Lennox Wellness Center of EHR, LLC/ Heather A. Hutchinson to perform, develop, recommend, educate me about natural health and healing. I warrant that all information submitted for analysis and evaluation was submitted by me, and is true to the best of my knowledge. _____
- **ACKNOWLEDGEMENT:** I acknowledge that The Lennox Wellness Center of EHR, LLC/ Heather A. Hutchinson is not for diagnosis, treatment, care, alleviation, mitigation, complete prevention, or care of any disease of any kind in any way. I recognize the education provided has not yet been approved by the medical profession or The Food and Drug Administration, although it has not been rejected. _____
- I hereby give testimony that I am here as a client/student, and that my visits are solely on my own behalf and not as a federal or state agent for any agency on a mission of entrapment, or of any investigative purposes. _____
- I understand that Heather A. Hutchinson is a Faith-Based Wellness Practitioner/Coach and holds a Biblical World-view. It is at my, Heather A. Hutchinson's discretion to service and/or coach/mentor a client/mentor based on religious beliefs according to our Statement of Faith and/or based on the medical and/or personal needs of the client, I, Heather A. Hutchinson may choose to decline services. _____
- **PERSONAL RESPONSIBILITY:** I, the client/student, acknowledge that I take full responsibility for my life and well-being, as well as the lives and well-being of my family and children (where applicable), and all decisions made during and after this service/sessions. _____
- **RELEASE OF HEALTH-RELATED CLAIMS:** I, the client/student, expressly assumes the risks of the services/sessions/program, to include COVID-19, and including the risks of trying new foods/ supplements and the risks inherent in making lifestyle changes. I, the client/student, release Heather A.. Hutchinson and The Lennox Wellness Center of Essential Holistic Refinement, LLC from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I, the client/student, ever had, now has, or will have in the future against Heather A. Hutchinson and The Lennox Wellness Center of Essential Holistic Refinement, LLC, arising from my past or future participation in, or otherwise with respect to, Holistic Spa Services, Personal/Self-Care Services, Holistic Health & Wellness Coaching/Spiritual Coaching/Mentoring, unless arising from the gross negligence of Heather A. Hutchinson and The Lennox Wellness Center of Essential Holistic Refinement, LLC _____
- **CLIENT & PRACTITIONER AGREEMENT/AUTHORIZATION: I, Heather A. Hutchinson, am not a licensed medical physician nor a licensed psychologist/psychiatrist, mental health counselor, nor licensed dietitian/nutritionist, nor its related licensed fields and do not hold myself as such or acting in the capacity of one.** _____
- **If you, the client/student, is under the care of a licensed medical professional or currently using prescription drugs, you must discuss any dietary changes with your licensed medical professional. You must also discuss any discontinued use of any prescription medication, prior to doing so, with your licensed medical professional.** _____
- **It is my, the client/student, choice to work with, receive services and education from Heather A. Hutchinson and The Lennox Wellness Center of Essential Holistic Refinement, LLC and understand that the information and services received should not be seen as medical advice and is not meant to take the place of seeing a licensed medical professional.** _____

_____

Client's Signature of Agreement

_____ _____

Print Client Full Name **Practitioner's Signature**

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THE LENNOX WELLNESS CENTER
OF ESSENTIAL HOLISTIC REFINEMENT, LLC
Dr. Heather A. Hutchinson, PhD, BCHHP

Client Full Name _____ Date _____

- **Spa Care Service-Related:** Is this your first facial/detox foot soak? **Yes** **No**
- **Spa Care Service-Related:** Have you ever experienced an allergic reaction or irritation from any type of skin product or essential oil? **Yes** **No**

  If yes, please specify _____

  _____
- **Spa Care Service-Related:** Are you on any medication or have any health conditions that may be harmful to use essential oils? (diabetes, pregnant/nursing, high blood pressure, etc) **Yes** **No**

  If yes, please specify _____

  _____
- **Spa Care Service-Related:** Please list your makeup & skin care products:

  _____ _____

  _____ _____

Please check any of the following medical or skin conditions that apply to you

☐ Allergies/Sensitivities	☐ Blood Born Disease	☐ Athletes foot	
☐ Diabetes	☐ Broken Skin/Irritation	☐ Pregnant/Nursing	
☐ ADD/ADHD	☐ Hemophilia(Unable to Clot)	☐ Nail Infection/Gout	
☐ Skin Inflammation/Bruises	☐ Recent Surgery	☐ High Blood Pressure	
☐ Arthritis	☐ Swelling	☐ Other:_____	
☐ Thyroid Disease	☐ Depression/Anxiety		

Please check any of the following that describe the overall health of your Nervous System, on most days

☐ Anxious/ Racing Thoughts	☐ Overwhelmed	☐ General Unhappiness
☐ Energetic/ Excited	☐ General Happiness	☐ Restful/ Calm
☐ Fatigued	☐ Agitated	☐ Hopeful/ Optimistic

CANCELLATION POLICY: We ask that you reschedule or cancel at least one(1) day before the beginning of your appointment or you may be charged a cancellation fee of the entire amount of the service appointment. (For Example: $90 service appointment cancelled within 24 hour time frame, will result in a $90 cancellation charge.)

I declare that I have read this entire client intake form thoroughly and I understand every question asked. I believe I have no medical condition that may affect the treatment. All of the given answer is correct and true to the best of my knowledge.

_____ _____
Client's Signature of Agreement **Practitioner's Signature**

_____ _____
Print Client Full Name **Authorization of Minor/Relationship to Minor**