

Client Intake and Consent Form

A new client form for a wellness or health practice, with the client's consent to the service. Template v1.0.

Date: _____

Practice: _____

Service: _____

Practitioner: _____

1. Client details

The client (the Client) fills in this form before the first appointment with the practice named above (the Practice).

Date of birth (optional): _____

Phone: _____

Email: _____

Emergency contact name and phone: _____

2. Health information

This helps the practitioner give the service safely. The Client should mention anything that may matter, even if it seems minor.

Health conditions, injuries or allergies (optional):

Medications and supplements (optional):

The Practice keeps this information private and uses it only to provide care, as the privacy law where it operates requires.

- ☐ The information on this form is true and complete, and the Client will tell the Practice about any change.

3. Consent

The practitioner will explain the service and check in during it. The Client may ask questions or ask for changes at any time.

- ☐ The Client understands the service is not a substitute for diagnosis or treatment by a doctor, and that they may stop it at any time.
- ☐ The Client consents to receive the service named above.

4. Cancellation policy

☐ The Client agrees to the cancellation policy above.

Client

Signature

Name

Date