mettafor
TRANSFORM WITHIN

87 Alma St South, Guelph, ON, N1H 5W8
519.760.1372 sandi@**mettafor.com**

Client Consent *I acknowledge and agree that:*

- Sandi Beaupre won't diagnose conditions, prescribe substances, perform medical treatment, or interfere with treatment of a licensed medical professional. Services offered are not a substitute for medical care.
- Modalities aim to balance energy, reduce stress and assist optimal functioning by re-educating my self-healing mechanisms.
- I accept responsibility for myself at all times, will communicate openly and will advocate for myself during my session(s).
- My health history is accurate, used to aid safe treatment and is confidential. I will notify if anything changes.
- I will pay the advertised fee at the time service is rendered. I understand that 24hrs notice is required to cancel or reschedule an appointment. For a late cancellation or missed appointment, I will be responsible for 50% of my service fee to be paid within 24hrs.

Personal Information (please print clearly)		
Full Name	Email	City of Residence
Best Phone # ( )	Occupation	
Emergency Contact Phone # ( )	May we add you to our email list to inform of special offers and updates? □Yes □No	
Hobbies/Interests:		

General Health History		
Are you using other therapies for your health at this time?	□Yes □No	
Do you have any movement restrictions/challenges?	□Yes □No	
Are you taking medications (if so, for what reason)?	□Yes □No	
Do you have allergies? (environment, food, oils, perfumes, pets	□Yes □No	
Do you have difficulty in any the following positions? (seated, lying face down, flat on back, on side)	□Yes □No	
List any accidents, injuries, illnesses or surgeries you've experienced (including youth)		
Describe your current muscle pain or other concerns		
Women ONLY: Are you currently pregnant? # of weeks	□Yes □No	

Please CIRCLE below all that apply

- Burnout, Panic Attacks, High Stress, Anxiety, Depression, Fear/Phobias, Addiction, Sleep Disturbances
- Skin Condition/infection, Cuts/Wounds, Cold Sores, Immune Disorder, Hormone Imbalance, Hysterectomy
- Headaches, Migraines, Joint Pain/Stiffness, Muscle Pain, Scoliosis, Arthritis, Epilepsy, Seizures, Diabetes, Cancer
- High/Low Blood Pressure, GI condition, Respiratory problem, Urinary Condition, Cardiac Condition, Metal Implants

What would you like to get out of this/these sessions? Targets/Aspirations?

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Client Signature: _____ ***Date:*** _____