

Body Processes Intake Form

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): _____ Address: _____

City: _____ Postal Code: _____ Phone: _____ Cell: _____

Emergency Contact: _____

Email: _____ Occupation: _____

How did you hear of Visionary Health? _____

Please list your health concerns: _____

Are you currently being treated by any other physician(s) or healthcare practitioners?

Reason for Visit: (please mention all that applies)
Physical: _____

Emotional: _____

Mental: _____

Spiritual: _____

Have you ever had Access Bars before? YES NO If yes, how many total? _____

If no, please read the following: The body processes increases the ways in which your body can show you what it can be aware , the awareness of every molecules in the entire world and how to restore your body. Access Consciousness Body Process is a technique where the practitioner places their hands-on method with different hand placements on various positions on the body while asking specific energies to run at each given body spot. By doing this, these processes facilitate the body back into its original functions, towards health and healing, repair and longevity. With the guidance of the practitioner and you, the natural energies of the body will become restored, flow and healing will occur.

My Intention for today: _____

DISCLAIMER & INFORMED CONSENT

TO THE CLIENT: You have the right, as a client, to be informed about the recommended procedure to be used so that you make an informed decision whether to undergo the recommended procedure(s) after knowing the benefits and risks involved. This document is not meant to alarm you; it is simply to inform you.

If you refuse any special procedure this will not affect your receiving other care or future treatments.

- I understand that the course of care, may include the use of multiple modalities or therapies offered by Beatriz Marin,

Marina Kresovic or Alda Henriques at 5359 Dundas St West Unit 108, Toronto, Ontario, M9B 1B1.

- I understand Body Processes is a supportive tool for the purpose of stress reduction and relaxation. It will involve “placing the hands” on the head and body.
- While it can be used entirely on its own, it is not meant as a substitute for medical, or psychological, diagnosis and treatment. In fact, it can readily compliment other forms of therapy.
- I understand the practitioners do not diagnose conditions, nor do they perform medical treatment, prescribe substances, or interfere with the treatment of a licensed medical professional, unless they have received training in such a licensed professional practice that supports this.
- I acknowledge that the sessions should not compete with medical doctors and their treatments.
- I understand that it can be used together with any other form of medical, natural, or alternative therapy to compliment it.
- I understand that my verbal consent to a specific treatment and my willing participation in receiving these” process” after an explanation is sufficient to indicate my consent to receive the sessions of care.
- I waive the option of signing consent to treat for each special procedure at each treatment date.
- I understand that I am free to pursue other medical opinions and treatments including conventional medical care at any time.
- I understand that I have the right and the opportunity to ask questions about my condition & discuss the session
- I understand that there is payment for today’s treatment, and subsequent follow-ups, at the time of service accordingly to the fee schedule or plan.
- I understand that a phone consultation fee may apply.
- I accept that a missed appointment Fee of \$50 will be charged and any missed appointments or cancellations within 24 hours of the appointment and that all outstanding invoices will need to be paid before the next appointment.
- I understand that no warranty or guarantee regarding a promise of cure as a result of care is provided for any condition.
- I understand that a record will be kept of the health services provided to me and will be kept confidential.
- I give consent and authorize Visionary Health Medical Educational Clinic practitioners to be contacted in the near future, for continued care.
- I understand that in the event there is a chance that media, audio or visual or published information, all of which I am consenting that Visionary Health Medical Educational Clinic be able to use and that I will be informed to their best business practices ethics.
- I authorize Visionary Health Medical Educational Clinic team to contact me for educational events, promotions, incentives, newsletters, engagements, or information regarding of any health benefit.
- I certify that I have read this form or have had it read to me, and that I understand its content and meaning. I have sufficient information to give this informed consent. Note: It is recommended you see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.

I the client, fully understand that performing Body Processes is a simple, gentle, hands-on technique that is used for stress reduction and relaxation. I understand that the Body Process™ practitioner does not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Body Process™ does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that the body has the ability to heal itself and to do so. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation and growth needed by the body to create better health.

Client Signature: _____ Date: _____