

Kelsha Wellness
CLIENT INFORMATION

Client Name: _____

Mailing Address: _____

_____ ZIP _____

Date of birth: _____ Parent's first names if minor: _____

Cell phone: _____ Email address: _____

Medical History:

Current pain:

Would you like to *not* receive any of the following treatments while working with me?: (please circle) Brain Integration Therapy

Aromatherapy (Essential oils)

Tibetan Singing Bowl Massage (Sound healing)

Neurolymphatic Massage (Touch)

Kelsha utilizes many tools for encouraging self-care and healing. One of the tools used are doTERRA's Therapeutic Grade Essential Oils.

Are you already a Wholesale member with doTERA? Yes__ No__

I declare that the above information is correct to the best of my knowledge: I also understand that payment is due on or before date of rendered service unless other plans are made. Our cancellation policy requires notice of cancellation AT LEAST 48 HOURS IN ADVANCE, failure to provide 48 hour notice will result in \$20.00 charged per half hour scheduled.

Signed: _____ Date: _____

BIT BEHAVIORAL CHECK LIST

NAME: _____ DATE: _____

Please check anything which **might** apply, and put **two checks** against anything which might be especially important.

- | | |
|---|---------------------------------------|
| Accident prone | Poor balance |
| Allergies (feel tired or hyper-active after eating) | Poor spelling |
| Clumsy | Poor arithmetic |
| Constipated | Poor at sports or rhythmic activities |
| Daydreams excessively | Rests head on arm while working |
| Difficulty budgeting time | Short attention span |
| Difficulty concentrating | Slow in completing work |
| Difficulty focusing eyes | Stops in the middle of a game |
| Difficulty following directions | Test or performance anxiety |
| Difficulty giving directions | Timid / shy |
| Difficulty telling time | Phobias / fears (explain) |
| Dizziness / vertigo / balance problems | _____ |
| Eye strain / rubs eyes a lot | _____ |
| Fear of speaking in front of a group | _____ |
| Has trouble remembering directions | Speech difficulties (explain) |
| Has trouble remembering months of the year | _____ |
| Has trouble remembering names | _____ |
| Has trouble remembering right/left | _____ |
| Has trouble remembering times tables | _____ |
| Has trouble differentiating colors | _____ |
| Headaches | _____ |
| Impatient / restless | _____ |
| Impulsive | _____ |
| Inappropriate drowsiness | _____ |
| Lacks confidence | _____ |
| Leaves projects incomplete | _____ |
| Letter / number reversal | _____ |
| Lies | _____ |
| Mood swings | _____ |
| <u>Over</u> or under active | _____ |
| Poor eye-hand co-ordination | _____ |
| Poor handwriting | _____ |
| Poor organizational skills | _____ |
| Poor reading comprehension | _____ |
| Poor reading skills | _____ |

A Sacred Mender-Client Agreement

As mender and client, you and I are entering into a partnership. I am here to support you, guide you, offer you tools, and support your process, but I will not “fix” you- for I don’t believe you are broken. Instead, I will consult, educate, and participate in any diagnostic or treatment planning with you, while supporting the natural self-repair mechanisms of your body, which have been scientifically proven to exist. These natural self-repair mechanisms can be flipped on or off with the power of your thoughts, beliefs, and feelings, so as much as I can, I will be supporting not just the health of your body, but the health of your mind. If you are not ready, willing, or able to fully participate in your physical, emotional, and spiritual healing process, I will be here to nurture and support you without judgment, but we both acknowledge that your health outcome may not be fully optimized. I can only support you as much as you support yourself.

Mutual Respect

Although I have committed a lot of time to training to earn the right to be your mender, I am not “better” than you, and as such, I will treat you as a cherished equal. Although I may know more about anatomy and self-healing better than some clients, I trust that you know your body better than I do. Your body is your business, and I am merely here to support what is essentially your responsibility. In order for our partnership to be successful, we must respect each other. You will not put me on a pedestal, and I will never look down upon you. I accept that my time is not more valuable than yours. As mender and client, we will respect each other’s time. Barring extreme emergencies, I will not make you wait for your appointment, and you will not be late. We must be present, fully and completely, during our time together. This means we will make our best efforts to remove distractions and focus all of our energy on your health and healing.

I Trust Your Intuition

I will call upon my knowledge, experience, and resources to offer you recommendations for preventative care, emotional healing and treatment plans, but I will also invite you to listen to the intuition of your healing inner wisdom, your body, and your soul. I will explain why I make the recommendations I do, but I will always respect your autonomy, without judgment. You consent to me, as your mender to utilize the power of placebos when I feel it is in your best interest.

If you choose not to follow my advice, I will respect that and we will negotiate another plan that resonates with your intuition. If I am unable to provide the

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care you need or desire, I will release you to follow your heart or find another provider without taking it personally.

If you have financial constraints, please tell me so that we can modify your plan. Otherwise I will suggest a schedule for your treatment, frequency and length that reflects your needs for healing. If you are having issues with limiting beliefs, self-sabotaging behaviors, or issues with willpower, I can help support you, but only if I know what you're dealing with. Follow through is key if we expect optimal outcomes. Committing to consistency is most often key to see desired results.

We Must Be Honest With Each Other

We have to be open and tell the truth, even if it is painful or uncomfortable. I will promise you confidentiality, and you must promise to tell me anything I need to know in order to provide the best care possible. We can trust that we are safe together, so that we can explore things that may be tough to explore. We can open our hearts to the loving kindness and compassion that is a necessary part of any healing relationship.

We Are Only Human

As my client, you will understand that I am a mere mortal, prone to mistakes, flaws, insecurities, ego, fatigue, tears and distractions in my personal life. I will strive to always be in integrity and to never betray your trust.

As mender and client, we agree to accept that we're both doing the best we can at any given time, and we won't always get it right. We commit to open communication, mutual respect, a belief in the infinite capacity for whole health and healing, and a dedication to cherishing the process and viewing health issues as an opportunity to seek higher ground.

We acknowledge that, between you and me, anything is possible.

Are you on board? If so, sign here.

Your signature: _____

My signature: *Kelsha LeAnne Hardy* Brain Integration Practitioner, Energy Kinesiologist

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