Noble Steps Healing:

The Calmer Mom Project

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Client Information: Please Complete & Print Clearly. Answer for your child if they are the person receiving care. All Information is Confidential.

Date: ____________________

Name (First/Last):____ Preferred Name (i.e. Sue for Susan) ____________

Preferred Pronouns (i.e. she/he/ze/they/etc): ______________________ Birthdate: ________________ Age: ________

Address: ____Phone #: ____________________ Texting Okay? ____

City/State: ________________________________ Zip Code: _____________

Email Address: ____

May I Add You to My Newsletter/Practice Updates List? ☐ Yes ☐ No

Note: Newsletter List is confidential & I will never share it without your consent. However, the list manager is secure, but not HIPAA compliant. You may unsubscribe at any time.

Emergency Contact Name/Phone: ____

How did you find out about me?

- ☐ Advertising? Where: ____
- ☐ Another Health Care Provider. Name: ____
- ☐ From friends/family? *May I contact them to thank them and offer a $25 discount on services?*
  - ☐ No thank you. ☐ Yes. Name: __________________________________Phone: _________________

Household Information:

Who lives with you, including pets: ____

If you have children, what are their first names and ages? ____

Health Information: Are you currently experiencing any of the following conditions?

- ☐ Flu or Cold-like Symptoms
- ☐ Allergies/Environmental Sensitivities
- ☐ Skin Condition
- ☐ Heart Problems
- ☐ Circulation Problems
- ☐ Fibromyalgia
- ☐ Cancer
- ☐ Unusual or High Stress
- ☐ Paralysis
- ☐ High Blood Pressure
- ☐ Diabetes
- ☐ Unusual or Constant Fatigue
- ☐ Numbness, Tingling, Nerve Pain
- ☐ Migraines/Severe Headaches
- ☐ Other Body Pain
- ☐ History Concussion
- ☐ Depression
- ☐ Anxiety
- ☐ Other Mental Health Issues
- ☐ History of Sexual Trauma (optional information, but helpful)
- ☐ History Major Injury/Illness/Surge

For Female Bodies:

Number of Past Pregnancies: _______

Number & Types of Births: ______________________

☐ Currently Pregnant?

Due Date: __________ Weeks Along:______

For Babies:

- ☐ Nursing/Feeding Issues
- ☐ Tongue Tie
- ☐ Colic
- ☐ Difficult Delivery
- ☐ Sleep Issues

☺ ***Please Continue & Sign On Page 2....***

Client Information Page 2:

Are you taking any medications? ☐ No ☐ Yes, please list and for what condition(s) ________________________________

____

Is there anything else about you or your body you'd like to me to know? ____

____

____

If you could get anything out of your session, what would it be? ____

____

____

Please check the boxes to acknowledge the following and sign. If you have questions or concerns, please let me know so we can make sure we've set up clear communication from the beginning. Thank you!

☐ I have read, understand, and agree to *Noble Steps Healing: The Calmer Mom Project Office Policies*, including payment and cancellation, the privacy and protection of my information, and the scope of care Michelle can provide.

☐ If I have questions, concerns, or am not comfortable with any aspect of care or service from Michelle I will take responsibility for talking with Michelle about what is coming up for me.

Client Signature: ____ Date: ___________________________

Printed Name of Parent/Guardian (If applicable): ____

Signature of Parent/Guardian: ____