

## Nourished in Eden Consulting Agreement & Intake Form

Melanie is not a medical doctor, psychologist, or therapist. She is not diagnosing, prescribing for, or treating any physical or mental ailments. She has been trained in alternative medicine, Nutrition Response Testing, Bioset, Functional Medical Therapy, Genomix, Christian counseling, and somatic experiencing. Which model and modalities/interventions employed will depend on your situation and will be done with your informed consent. No promise or guarantee has been made regarding the results of nutrition response testing, but rather I understand that it is a means by which the body's natural reflexes can be used as an aid to determine the possible nutritional imbalances, so that safe natural programs can be developed. You have the right to withdraw from therapy at any time.

After our initial session I will inform you of my assessment of what I think I can be helpful with and what I may not be able to help with. This will include a protocol plan. If I feel I cannot help you I will tell you that and provide referrals for you when possible. While it is impossible to predict the exact outcomes of therapy, we will work together toward the goals that we establish. In addition to the work we do together in my office, I may suggest things for you to between treatment sessions.

### CONFIDENTIALITY

I regard the information you share with me with the greatest respect. I will maintain confidentiality and

privacy of your therapy and my records as it is a privilege of yours and is protected by state law and

professional ethics in all but a few situations. These situations include: (1) if I suspect you intend to harm yourself, another person or property; (2) when I suspect a child, elder or dependent adult has been or will be abused or neglected. (3) In rare circumstances, therapists can be ordered by a judge to release information (subpoena). In all other circumstances, I will maintain confidentiality unless you give me expressed written authorization to do otherwise. I consult regularly with other professionals regarding clients I work with; however, a client's identity remains completely anonymous and I fully maintain confidentiality. I recognize that Melanie will hold any personal information I share in workshop or private session in strict confidentiality.

Melanie does not participate with insurance companies. I can provide you with an invoice to send to your insurance company.

I acknowledge that Melanie is not diagnosing, prescribing for, or treating any physical or mental ailments, and I am not seeking such. I am not an under cover agent. I have read and understand the foregoing. This applies to subsequent visits and consultations.

### Emailing between appointments:

Emailing is not the best form of communication with health matters. It is best to book an appointment to have any of your questions asked.

Name: Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Sharing information about yourself will help me understand why you are here. Please answer the following questions before your first appointment. Thank you.

Address: \_\_\_\_\_ APT # \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell  
Phone \_\_\_\_\_

Email address \_\_\_\_\_ Referred by \_\_\_\_\_

1. What are the main concerns you have for seeking help at this time?

---

—

---

—

---

—

---

—

---

—

2. Please describe any other symptoms or concerns.

---

—

---

—

---

—

---

—

---

—

---

—

---

—

3. What would you like to achieve from our appointments (what are your goals)? Include Functional Goals.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

4. List the medications, supplements, remedies and herbs you take.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you have any allergies? Yes\_\_\_ No\_\_\_

6. Past Medical History (include dates)

Include major illnesses, surgeries, hospitalizations, accidents, injuries and relationship traumas. (continue on the back if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you experienced (please check)?

Motor Vehicle Accident\_\_\_ Concussion\_\_\_ Assault\_\_\_ Sexual Assault\_\_\_ Surgery\_\_\_

General Anesthesia\_\_\_ Abuse (emotional or physical)\_\_\_ Witness a horrific event\_\_\_

Natural Disaster\_\_\_ War/Military action\_\_\_ Animal Attack\_\_\_ Complications with

Pregnancy and/or birthing \_\_\_Other trauma experience\_\_\_\_\_

7. List resources: places, people, pets, experiences ext.. that settle you or bring pleasant feelings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Do you exercise Yes\_\_\_ No\_\_\_

What do you do, how often and how much?\_\_\_\_\_

\_\_\_\_\_

9. Do you have a spiritual practice? Yes\_\_\_ No\_\_\_

What is it?\_\_\_\_\_

10. Do you smoke tobacco? Yes\_\_\_ No\_\_\_ Cigarette, Cigar, Pipe

11. How much alcohol do you drink, if any? None\_\_\_

\_\_\_beers/day \_\_\_glasses of wine/day \_\_\_drinks/day

12. Do you use recreational drugs? Yes\_\_\_ No\_\_\_

If yes, what do you use?\_\_\_\_\_

How often?\_\_\_\_\_

13. What are you eating habits like?

Typical breakfast\_\_\_\_\_

Typical Lunch\_\_\_\_\_

Typical Dinner\_\_\_\_\_

Typical Snacks\_\_\_\_\_

14. Have you ever had a problem with eating or an eating disorder?

Yes\_\_\_ No\_\_\_ Anorexia, Bulimia, Binging, Overeating

15. How is your sleep?\_\_\_\_\_

\_\_\_\_\_

16. What are the stressors in your life right now?\_\_\_\_\_

\_\_\_\_\_

17. How do you reduce your stress?\_\_\_\_\_

\_\_\_\_\_

18. Have you experienced any anxiety or depression lately?

Anxiety\_\_\_ Depression\_\_\_ Mixed\_\_\_

Please describe:\_\_\_\_\_

\_\_\_\_\_

19. Have you recently or in the past thought about suicide? Yes\_\_\_ When\_\_\_ No\_\_\_

Have you ever attempted suicide? Yes\_\_\_ No\_\_\_

20. What do you do that makes you feel good?\_\_\_\_\_

\_\_\_\_\_

21. Have you ever been, or are you presently in counseling or psychotherapy?

Yes\_\_\_ No\_\_\_ Other therapeutic work\_\_\_\_\_

Describe why you went and your experience:\_\_\_\_\_

\_\_\_\_\_

22. Have you been treated for musculoskeletal problems or ongoing medical problems?

Yes\_\_\_ No\_\_\_ Please Describe:\_\_\_\_\_

23. What is your occupation? \_\_\_\_\_

Do you enjoy your work? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe why or why not: \_\_\_\_\_

24. What kind of support system do you have?

Family \_\_\_\_\_ Friends \_\_\_\_\_ Relative \_\_\_\_\_ Other \_\_\_\_\_

25. Marital status:

Single \_\_\_\_\_ Married \_\_\_\_\_ Spouses/Partner's Name \_\_\_\_\_

Divorced \_\_\_\_\_ Remarried \_\_\_\_\_ Committed Relationship \_\_\_\_\_

If divorced, when did you get divorced? \_\_\_\_\_

If remarried, when did you get remarried? \_\_\_\_\_

How many children? Yours \_\_\_\_\_ Spouses \_\_\_\_\_ Together \_\_\_\_\_

26. Family History

Name/Age, /Age @ Death/ Illnesses

Mother \_\_\_\_\_

Step Mother \_\_\_\_\_

Father \_\_\_\_\_

Step Father \_\_\_\_\_

Sisters \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Brothers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. What do you enjoy doing in your life? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like me to know right now?