

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 your 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?